DOCUMENT RESUME

ED 135 497 PS 009 140

TITLE	Nutrition Training Guide for Classroom Personnel in Head Start Programs.
INSTITUTION	Office of Child Development (DHEW), Washington, D.C.; Office of Human Development (DHEW), Washington, D.C.
PUB DATE	76
NOTE	88p.
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	Child Care; Child Care Workers; Day Care Programs; *Eating Habits; Food; Health Education; *Health Guides; Hygiene; Lunch Programs; Nutrition; *Nutrition Instruction; Parent Participation; *Performance Based Teacher Education; Preschool Children; Preschool Education; *Preschool Programs
IDENTIFIERS	*Child Development Associates; *Project Head Start

ABSTRACT

This nutrition training guide is designed for use with classroom personnel in Head Start or day care training programs, including Child Development Associate programs. The guide identifies nutrition competencies needed by classroom staff, specifically the teacher; competencies required by food service personnel or professional nutritionists are not included. The identified competencies are related to the following areas: general knowledge of nutrient needs and functions; Head Start performance standards for nutrition; identifying needs and planning for them; meeting developmental and socialization needs through mealtime; sanitary practices; establishing sound food habits; and involving parents. Each competency specified is accompanied by lists of activities for trainees, criteria for assessing trainee competence, and resources for trainees or children. Appendices include the Head Start nutrition performance standards and guidelines for implementing them, a sanitation guide for Head Start centers, and a short essay on nutrition services for the handicapped. (Author/BF)

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NUTRITION TRAINING GUIDE FOR CLASSROOM PERSONNEL

IN

HEAD START PROGRAMS

PS 009140

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development
Office of Child Development
Washington, D.C. 20013
1976

ACKNOWLEDGEMENTS

The Office of Child Development

The Nutrition Staff of the Office of Child Development is grateful to many persons for their efforts connected with the development of this Nutrition Training Guide for Classroom Personnel in Head Start Programs. Local Head Start Nutritionists, staff of the Child Development Associate Pilot Training Programs, and Regional and Central Office staff have contributed in various ways to the preparation and the refining of this publication.

The Office of Child Development hopes that this effort will help to guide classroom teachers, nutritionists, and directors in further strengthening the nutrition education activities in Head Start and day care programs.

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PREFACE

This nutrition training package is intended as a guide for CDA* or teacher training programs. It provides a framework around which to build a nutrition training plan suitable to the individual program's needs.

The competencies indicated are restricted to those needed by classroom staff, specifically the teacher, for meeting the nutrition objectives related to classroom nutrition activities. They do not include competencies needed for responsibilities exercised by food service personnel and for those exercised by the professional nutritionist. The program nutritionist should play a vital role in the teacher training and should be utilized in this effort.

Each competency specified is accompanied by suggested activities and a sampling of resources that will be helpful in attaining the competency. Most of the resources listed have been used successfully in staff training. Programs should choose the resources most suited to the audience for which they are intended. Assessment criteria, some in the form of checklists, are also provided.

The Appendices contain valuable learning materials. The Guidance for the Head Start Nutrition Component Performance Standards is made up of explanations and information on how to implement the standards and thus is useful in obtaining background and understanding of the requirements of a preschool nutrition program. The Appendices on Sanitation and Nutrition Education highlight the major considerations in these areas and provide an overall picture of the subjects. The section regarding children with handicapping conditions serves to introduce the teacher to the nutrition-related problems of these children.

The competencies needed by the teacher can vary from program to program depending on the type of food delivery system and the availability of a full-time qualified nutritionist or frequency of services by a part-time nutritionist. In programs with catered food services, the teacher may have the responsibilities for the safety and sanitation of the food as delivered, serving the food, clean-up and storing left over food. In programs with on-site kitchens, the teacher's responsibility may be limited to the family style service at the table, with the cook and nutritionist being primarily responsible for the safety and sanitation of the complete food operation.

*Child Development Associate Program is a national effort to train, assess and grant a professional credential to people who are working with, or who want to work with, young children. The CDA is trained to take direct responsibility for the daily activities of children in a developmental child care program.

I. INTRODUCTION

For children to gain maximum benefits from the Head Start educational program, they must bring healthy bodies and minds, sustained by nutritious food, to the learning process. Thus, the nutrition and health services programs, as a first step, screens children upon entrance to Head Start for existing nutritional and health impairments and follows with any needed remedial steps that involve the center, the family and the community.

In order to ensure that children receive their total daily nutritional needs, the second step of the nutrition program focuses on helping the family caretaker and the center personnel meet their responsibilities for feeding the child (other members of the family as well) at home and at the center respectively. For parents this includes training in child development, building food habits, nutrition education, consumer education, home management, food assistance programs, and other topics of interest to them. For the center personnel it includes in addition, all procedures necessary to produce a high quality food service program appropriate to the children's needs.

The nutrition program while providing for the children's nutritional needs for the hours they are at the center also utilizes the time to:

1. Build self-concept through recognition and serving of cultural and ethnic foods, allowing choices, making decisions related to quantities of food taken through serving their own food.

2. Introduce a wide variety of unfamiliar and nutritious foods and build good food habits and attitudes.

3. Demonstrate mealtime as a pleasurable and enjoyable experience for socialization as well as food.

4. Provide learning experiences through participation in mealtime activities--setting table, preparing food, cleaning up, serving food, etc.

5. Develop muscle coordination by allowing and encouraging the child to serve food (family style), pour milk, prepare food, etc.

6. Provide opportunities for parents to learn about nutrition by participating in classroom nutrition activities.

7. Teach cognitive concepts through food related activities (language, color, texture, shapes, numbers, etc.).

The preschool child is impressionable and enjoys imitating peers and elders; thus the adults and teachers surrounding the child play an important role in shaping the child's attitude toward the acceptance of nutritious foods. Food habits, good or bad are "catching."

Classroom staff, while learning to participate in the education of the preschool child, must also receive training for carrying out part of the educational aspects of the nutrition component: integrating mealtime and other food-related activities into the educational program. The nutrition competencies needed by the educational staff for this purpose are:

1. Understanding the principles of basic nutrition as they relate to child growth and development.

2. Understanding the nutrition program performance standards and communicating these to parents.

3. Recognizing signs in children relating to their nutritional well-being that requires consultation with the nutritionist and participating as appropriate with any needed follow-up.

4. Using mealtime as a vehicle to meet developmental and socialization needs of children.

5. Utilizing necessary, and safe sanitation practices.

6. Providing children with experiences to establish sound food habits.

7. Providing opportunities for parent involvement in the nutrition program.

II. NUTRITION COMPONENT ACTIVITIES THAT APPLY TO CDA COMPETENCIES

The nutrition-related competencies that the teacher will need to acquire are not new or different competencies but merely extensions or applications of the competencies required for the education component. In order to demonstrate this relationship, suggested nutrition program activities have been placed, as appropriate, under the six education area competencies and their behavioral manifestations stated in "The CDA Program: The Child Development Associate - A Guide for Training", 75-1065 DHEW OHD. It can be readily seen that these activities demonstrate educational competencies applied to food-related learnings.

Competency Area I: Establishes and Maintains a Safe and Healthy Learning Environment

1. Organize space into functional areas recognizable by the children, e.g. block building, library, dramatic play, etc.

   Provide attractive arrangement for dining areas for meals and snacks.

2. Maintain a planned arrangement for furniture, equipment and materials, and for large and small motor skills learning, and for play materials that is understandable to the children.

   When the learning area needs to be changed into a dining area or food preparation activity area, it should contain a planned arrangement of furniture, equipment and materials.

3. Organize the classroom so that it is possible for the children to be appropriately responsible for care of belongings and materials.

   If food service utensils, plates, and tumblers are stored in a classroom closet, they should be in easy reach of children so they can participate in setting the table and in clean-up.

4. Arrange the setting to allow for active movement as well as quiet engagement.

   - Children eat in small groups of 5-6 including adults.

   - Tables are spaced far enough away to permit conversation and allow movement for serving and sitting down.

5. Take preventive measures against hazards to physical safety.

   - Chairs and tables are sturdy and of size that allows child's feet to touch the floor.

   - Plates, cups, glasses, serving utensils are not cracked or chipped.

   - If used, plastic spoons, forks and knives are of sturdy type (stainless steal is more desirable).

   - Styrofoam or paper tumblers are not used.

   - Classroom food preparation appliances are in good operating condition and out of reach of children and, during use, under close supervision of adult.

   - During classroom activities, children are closely supervised by adults especially while using knife, etc.

   - Food service at table is conducted in safe and hygienic manner.

   - Small groups are involved in cooking projects.

   - Kitchen off limits to children except under adult supervision.

   - Spills are cleaned up immediately.

   - Toxic materials are clearly labelled and stored out of reach of children, in locked compartment.

   - During hand washing before meals and food preparation, see that water is not too hot, slipping on soap is prevented, and that towels are within easy reach.

6. Keep light, air and heat conditions at best possible levels.

   During mealtime providing a good physical environment and a cheerfully decorated room helps make mealtime a pleasant experience.

7. Establish a planned sequence of active and quiet periods, of balanced indoor and outdoor activities.

   Establish routine of toileting, hand-washing, and period of relaxation prior to meals and after meals.

8. Provide for flexibility of planned arrangement of space and schedule to adjust to special circumstances and needs of a particular group of children or make use of special educational opportunities.

   Adapt space in classroom for food preparation activities and for providing help to children with underdeveloped feeding skills or having other special needs.

9. Recognize unusual behavior or symptoms which may indicate a need for health care. Understand the meaning of the behavior and know what to do when:

   - child refuses to eat over long period
   - child overeats over long period
   - child becomes ill from food
   - child has difficulty in handling eating utensils
   - child has difficulty in chewing and swallowing
   - child grabs food from other children
   - child is too tired to eat
   - child can not sit at table long enough to finish food
   - child is very, very slow eater
   - child is always thirsty.

Competency Area II: Advances Physical and Intellectual Competence

1. Use the kind of materials, activities and experience that encourage exploring, experimenting, questioning, that help children fulfill curiosity, gain mastery, and progress toward higher levels of achievement.

   Start with simple food preparation activities and progress when child is ready, toward more complicated areas requiring increased skills in handling equipment, operations, observation, listening, etc.

   Use food-related activities such as gardening, field trips, tasting parties, etc., to expand child's knowledge and concepts of numbers, words, science, art, geography, etc.

2. Recognize and provide for the young child's basic impulses to explore the physical environment; master the problems that require skillful body coordination.

Serving and eating food, pouring milk, etc., require muscle and body coordination.

Provide for food preparation activities or use of foods to explore differences and similarities in color, texture, flavor, odor and to involve motor and sensory development.

3. Increase knowledge of things in their world by stimulating observation and providing for manipulative-constructive activities.

   Introduction and preparation of new foods and other activities described under item 1 above - increase knowledge.

   Include food models and preparation materials in "family" area (housekeeping corner) for child's make-believe play.

4. Use a variety of techniques for advancing language comprehension and usage in an atmosphere that encourages free verbal communication among children and between children and adults.

   - Use snack and mealtime socialization.

   - Use communication between children and adults during food preparation activities to follow directions and note changes.

   - Use creative dramatics, finger plays, songs--with food related ideas (gardening, picking, eating, etc.).

5. Work gradually toward recognition of the symbols for designating words and numbers.

   - Use food as real object, pictured object, word symbol sequence--tasting food as part of cycle.

   - Use simple measuring and brief explanations of ingredients during food preparation.

6. Promote cognitive power by stimulating children to organize their experience (as it occurs incidentally or pre-planned for them) in terms of relationships and conceptual dimensions: classes of objects; similarities and differences; comparative size, amount, degree; orientation in time and space; growth and decay; origins; family kinship; causality.

- Use food categories and qualities--texture, color, shape, size, taste, smell, fruit, vegetable, animal sources.

- Use food preparation experiences and observations on changes occuring during cooking.

- Use relationship of eating and food to growth.

7. Provide varied opportunities for children's active participation, independent choices, experimentation and problem-solving within the context of a structured, organized setting and program.

   - Family style (child serving himself) during mealtime.

   - Participation in setting table and cleaning up.

   - Participation in planning special meal occasions - birthdays, holiday meals with family.

   - Participation in preparing and tasting a variety of cultural foods.

8. Balance unstructured materials such as paint, clay, blocks with structured materials that require specific procedures and skills; balance the use of techniques that invite exploration and independent discovery with techniques that demonstrate and instruct.

   - Provision of materials for grocery and playhouse areas.

   - Food preparation activities via role playing in home and grocery units. Include variety of media - clay, blocks, play dough, cornmeal in water or sand table.

   - Making scrapbooks on Food I Eat from magazine pictures, drawings made by children.

9. Stimulate focused activities: observing, attending, initiating, carrying through, raising questions, searching answers and solutions for the real problems that are encountered and reviewing the outcomes of experience.

   Note changes in foods during food preparation activities.

10. Support expressive activities by providing a variety of creative art media, and allowing children freedom to symbolize in their own terms without imposition of standards of realistic representation.

    - Provide snack or sandwich ingredients for children to create their own combinations.

    - Use of various fruits to make fruit salad combinations or centerpiece--use of collage activities with peels, seeds, grains, shells, leaves.

11. Utilize, support and develop the play impulse, in its various symbolic and dramatic forms, as an essential component of the program; giving time, space, necessary materials and guidance in accord with its importance for deepening and clarifying thought and feeling in early childhood.

    - Play act stories about food and children and animals growing up.
    - Use puppets, finger plays.
    - Use housekeeping corner, grocery store.

12. Extend children's knowledge, through direct and vicarious experience, of how things work, of what animals and plants need to live, of basic work processes necessary for everyday living.

    - Experiences caring for animals, pet, plant, gardening, field trip, to farm, dairy, store.

    - Use of foods and audio-visuals on food and relation to growth and well-being.

    - Practicing daily procedures of toileting, handwashing, teeth brushing, eating, napping.

13. Acquaint children with the people who keep things functioning in their immediate environment.

    - Field trip to grocery, farm, bakery, etc. Talk about experiences with family.

    - Photos of farmers--people in food-related activities from own community--cooks and waitresses, warehouse workers - preferably of parents or friends.

Competency Area III: Build Positive Self-Concept and Individual Strength

1. Provide an environment of acceptance in which the child can grow toward a sense of positive identity as a boy/girl, as a member of his family and ethnic group, as a competent individual with a place in the child community.

   - Recognize cultural and ethnic foods and food preparation methods and see that these are served.

   - Recognize difference between serving size and number of portions between different children.

   - Recognize different preferences of individual children.

   - Recognize special food needs of individual children.

   - Do not use food as punishment or reward.

2. Give direct, realistic affirmation to the child's advancing skills, growing initiative and responsibility, increasing capacity for adaptation, and emerging interest in cooperation, in terms of the child's actual behavior.

   - Allow participation in food service as soon as they can handle family style, setting table, cleaning up.

   - Responsibility for food preparation tasks consistent with developed skills.

3. Demonstrate acceptance to the child by including his home language functionally in the group setting and helping him to use it as a bridge to another language for the sake of extended communication.

   Stories, songs and recipes in home language. Other children can learn simple instructions in child's language--to use during mealtime, or preparing food or names of foods.

4. Deal with individual differences in children's style and pace of learning and in the social-emotional aspects of their life situation by adjusting the teacher-child relationship to individual needs by using a variety of teaching methods and by maintaining flexible, progressive expectations.

- Provide activities for restless children during mealtime such as getting up for second serving and to get dessert whenever it is wanted.

- Allow sufficient time to learn family style and eating skills.

- Decide which children need more assistance at mealtime, which children need more attention.

- Assign tasks in food preparation activities according to understanding and skills.

- Do not use food as reward or punishment - encourage but do not force to taste or eat or accept new food.

- Do not force or require children to "clean their plates".

5. Recognize when behavior reflects emotional conflicts around trust, possession, separation, rivalry, etc., and adapt the program of experiences, teacher-child and child-child relationships so as both to give support and to enlarge the capacity to face these problems realistically.

   Use observations on child's behavior during mealtime as clue to emotional conflicts within child and use mealtime activities as one way of helping resolve these conflicts.

6. Be able to assess special needs of individual children and seek help from specialist as necessary.

   Call in nutritionist for special feeding problems and diets and for suggestions for center-parent contacts about special needs, and classroom nutrition activities aimed at specific needs.

7. Keep a balance for the individual child between tasks and experiences from which he can enjoy feelings of mastery and success and those other tasks and experiences which are a suitable and stimulating challenge to him, yet not likely to lead to discouraging failure.

   Include food preparation and other nutrition education activities.

8. Assess levels of accomplishment for the individual child against the background of norms of attainment for a developmental stage, taking into careful consideration his individual strengths and weaknesses and considering opportunities he has or has not had for learning and development.

   - Use of growth chart and other health data.

   - Observation of development of feeding skills.

   - Observation and records of foods eaten for underweight and overweight children and for children with low hematocrit reading.

Competency Area IV: Positive Functioning of Children and Adults in a Group Learning Environment

1. Plan the program of activities for the children to include opportunities for playing and working together and sharing experiences and responsibilities with adults in a spirit of enjoyment as well as for the sake of social development.

   - Participating in daily mealtime service and preparation and clean up.

   - Participating in special occasions. Include parents - bringing special foods and food-related skills to share.

2. Create an atmosphere through example and attitude where it is natural and acceptable to express feelings, both positive and negative--love, sympathy, enthusiasm, pain, frustration, loneliness or anger.

   - Acceptance of new foods during mealtime by adults.

   - Do not force to eat or clean plate or taste. Encourage to try, but accept fear or reluctance about new experience.

   - Clean up accidents (spills, etc.)

   - Washing up before eating or participating in food preparation activities.

   - Acceptance of cooking disasters.

- Acceptance of cooking tasks.

- Celebrating special occasions - birthdays, etc.

- Behavior during field trip.

3. Establish a reasonable system of limits, rules and regulations to be understood honored and protected by both children and adults, appropriate to the stage of development.

   Good hygiene and safety in serving food and preparing food, in handling utensils and equipment and cleaning up.

4. Foster acceptance and appreciation of cultural variety by children and adults as an enrichment of personal experience; develop projects that utilize cultural variation in the family population as resource for the educational program.

   - Plan to have special days for serving food of different cultures; parents help prepare

   - Integrate cultural or family food preferences throughout daily activities when food used as learning tool.

Competency Area V: <u>Bringing About Optimal Coordination of Home and Center Child-Rearing Practices and Expectations</u>

1. Incorporate important elements of the cultural backgrounds of <u>all</u> the families being served; food, language, music, holidays, etc., into the children's program in order to offer them continuity between home and center settings at this early stage of development.

   - Serve cultural, ethnic foods--as "everyday" activity. Use name in language of origin.

   - Special ethnic celebrations observed in classroom with parents assisting in planning, preparation and eating.

   - Plan menus with parents.

2. Establish relationships with parents that facilitate the free flow of information about their children's lives inside and outside the center.

   Invite parents to the classroom to share meals and participate in classroom food-related activities.

3. Communicate and interact with parents toward the goals of understanding and considering the priorities of their values for their children.

   Discuss goals of nutrition program, child's nutritional progress, food preferences of children, mealtime service at center, menus, child's special nutritional needs (health data, dental problems, obesity, etc.). The professional staff, nutritionist, doctor, dentist is responsible for discussing the child's special nutritional needs and counseling the parent.

4. Perceive each child as a member of his particular family and work with his family to resolve disagreements between the family's life style with children and the center's handling of child behavior and images of good education.

   Discuss goals of nutrition program, child's nutritional progress, food preferences of children, mealtime service at center, menus--invite suggestions for removing disagreements or misunderstandings about nutrition program. Encourage participation in nutrition program.

5. Recognize and utilize the strengths and talents of parents as they may contribute to the development of their own children and give parents every possible opportunity to participate and enrich the group program.

   Invite parents to participate in classroom food preparation activities, field trips, meals, to monitor foods, to plan menus. Encourage participation in nutrition education programs for parents at center.

Competency Area VI: Supplementary Responsibilities Related to the Children's Programs

1. Make observations on the growth and development of individual children and changes in group behavior, formally or informally, verbally or in writing, and share this information with other staff involved in the program.

   - Measure and record heights and weights 3 times/year.

- Make notes on child's food preferences, ability to self feed himself, developmental skills, eating patterns. Report to nutritionist or doctor, parents.

- Make notes of child's physical activity and appearance.

2. Engage with other staff in cooperative planning activities such as schedule or program changes indicated as necessary to meet particular needs of a given group of children or incorporation of new knowledge or techniques as these become available in the general field of early childhood education.

   - With cook and parent to plan menu to take into account special activities, daily schedule, introduction of new foods, food preparation activities of children.

   - Discuss special nutritional needs of children with nutritionist.

3. Be aware of management functions such as ordering of supplies and equipment, scheduling of staff time (helpers, volunteers, parent participants), monitoring food and transportation services, safeguarding health and safety and transmit needs for efficient functioning to the responsible staff member or consultant.

   - Monitoring with parents, catered food quality and quantity

   - Handling of foods prior to serving

   - Handling of leftovers

   - Cleaning up of serving utensils

   - Checking on availability of plates, spoons, etc., napkins and supplies for picnics and field trips

   - Ordering food for classroom activities and picnics

   - Maintaining sanitation in classroom

   - Maintaining equipment in classroom (food preparation)

   - Maintaining records for food service, observations on children, etc.

III. NUTRITION COMPONENT COMPETENCIES FOR CLASSROOM PERSONNEL

Competency A: The teacher understands the principles of basic nutrition as they relate to child growth and development.

Introduction

How often have you heard the maxim "You are what you eat." There is a lot of meaning packed into those words. From conception to adulthood, the food we eat plays an important role in how our bodies grow and develop. Food provides the building materials (nutrients) needed for growth of bones, teeth, tissues and organs including the brain. Food also provides the energy we need for doing things - learning, breathing, eating, walking, playing, running, etc. Certain nutrients also have specific roles in regulating body processes such as the heart beat.

All through our lives we need the building materials but in different amounts. As we reach our full growth, we need less of the building materials but the body still requires them to replace worn out tissues.

No one food contains all the needed nutrients. Eating a wide variety of foods is more likely to include sources of the many nutrients needed.

A well-nourished child (one receiving all the nutrients needed by eating a good diet) usually will be full of pep, vim and vigor, eager to learn and to play and will have a happy disposition.

A malnourished child may be restless, inattentive and apathetic. They may not be able to concentrate and learn effectively.

The teacher needs an understanding of the principles of nutrition and its relationship to child growth and development to emphasize the importance of the teacher's role in helping the child to eat better and to have better health as a result of good eating habits.

The depth and breadth pursued of the various topics, indicated under Knowledge Needed will depend on the background and interest of the teacher as well as the guidance and motivation received from the nutritionist. The references given provide a range of materials presenting simple statements to those with more detailed discussions.

Knowledge Needed

1. Meaning of nutrition

2. Importance of Nutrition during various stages of growth: prenatal, infancy, preschool, school.

Competency A: (continued)

3. General signs of good and poor nutrition.

4. Nutrients and their functions:

   Carbohydrates
   Fats
   Proteins
   Vitamins
   Minerals
   Water
   Fiber
   Calories

5. Foods as sources of nutrients:

   Breads and cereals
   Fruits and vegetables
   Meats, fish and poultry
   Milk and milk products
   Beans and legumes
   Fats and oils

6. Food practices of preschool children

7. Foods appropriate to children:

   Meal patterns
   Daily amounts of food needed
   Cultural foods

8. Foods and dental health

9. Nutritional needs of handicapped children

10. Role of mass media in nutrition education of children

Competency A: (continued)

Assessment Criteria

A competent qualified nutritionist, as described in the Performance Standards, will evaluate the understanding of the teacher in the areas listed under Knowledge Needed, through oral and/or written responses.

Suggested Activities

The teacher, under the Head Start program's requirement to provide nutrition information to staff as appropriate to meet job responsibilities, participates in the training offered.

-or-

The teacher, under the direction of a qualified nutritionist, can study selected portions of the reading materials suggested.

-or-

The teacher will pass a beginning nutrition course or a course on the role of nutrition in child development from an accredited college or university or junior college.

-or-

The teacher can participate in existing programs for training paraprofessionals in nutrition, such as the USDA Expanded Food and Nutrition Program or Community Health Representatives, others

-or-

The teacher can participate in correspondence courses such as offered by University of Missouri: "Those Important Preschool Years", "Your Family's Food", "Science in Food". See Resources for Information on these courses.

Resources

1. Martin, Ethel A., Nutrition in Action, N.Y.: Holt, Rinehart & Winston, Inc., 1971, Third Edition, $11.95. Provides background in nutrition subject matter and its application in simple terms.

2. Your Child from 1-6, U.S. DHEW Children's Bureau, 1962 No. 30. Describes growth of children, emotional needs and nutritional needs.

3. How Nutrition Relates to Learning, R. M. Leverton, Journal of Nutrition Education, Fall 1969. Discusses role of nutrition in brain and other tissue development and effect on learning.

4. Feeding the Child With a Handicap, U.S. DHEW Publication N. HSM 73-5609, Available free from: USDHEW, Health Services Administration, Maternal and Child Health Services, Bureau of Community Health Services, Parklawn Building, Rockville, Md. 20852. Discusses how to meet feeding needs of certain handicapped children.

5. Feeding the Handicapped Child, University of Tennessee, Child Development Center, Department of Nutrition, 711 Jefferson Ave., Memphis, Tenn. 38105 - $3.50.

   Paper by K. R. Coffey and J. Crawford, P. 64. Nutrition Problems Commonly Encountered in the Developmentally Handicapped.

6. Nutrition Services for Handicapped, Appendix A.

7. Food a Key to Better Health, Available in up to four copies from the Nutrition Foundation, Inc., 99 Park Ave., NY, NY 10016. A simple discussion of nutrients, their functions and how to provide them to family members of various ages. $.20 per copy.

8. Road to Good Health, Third Edition 1974, The Yakima Home Economics Association, P.O. Box 2424, Yakima, Wash. 98902, $2.00/copy. Simple discussion of nutrients, needs in terms of amounts for various age groups, recipes for each food group.

9. Food is More Than Just Something to Eat. Prepared by USDA, HEW, Grocery Manufacturers of America and Advertising Council, Request from USDA, Washington, D.C. 20025. Contains a very brief presentation on the nutrients, their function, sources, need during various ages, daily food guide, cultural foods. Free from Consumer Information, Dept. 45, Pueblo, Colorado 81009.

10. Breckenridge, M. E. and Murphy, M. N., Growth and Development of the Young Child, W. B. Saunders, Philadelphia, PA, 8th Edition 1969, $10.00, Chapter 5, pp. 178-202, Chapter 6, pp. 203-216. Special emphasis on physical and psychological development.

Competency A: (continued)

Resources

11. The Family Guide to Better Eating and Better Health, R. M. Deutsch, Meredith Corp., Des Moines, Iowa 1971. Available from Bantam Books, Inc., 414 E. Golf Road, Des Plaines, Illinois 60016, $1.95. A book in basic nutrition for the lay reader.

12. University of Missouri Extension Center, Center for Independent Study (314) 882-2491 or 514 South Fifth Street, Columbus, Missouri 65201. Enrollment fee is $7.00 per course but is subject to change.

    a. Those Important Preschool Years:

    Much of a child's development takes place from birth to kindergarten. When children get to school trained teachers help them grow. Before that time parents have the challenging task of promoting physical, mental and emotional growth. This course discusses characteristics of preschool children and the rewarding experience that parents can have as they interact with them.

    b. Your Family's Food:

    Discusses making wise choices at the market; handling and preparing foods in the kitchen to assure conserved food value and flavor; planning daily meals for assured nutritional balance and appeal; nutritional needs of various age groups; the role of food for the life and wellbeing of each family member.

    c. Science in Food:

    Is divided into the following subjects: food that is safe; food that is preserved; cooking of eggs, milk and cheese, meat, vegetables and fruits, grain foods.

13. Project Head Start, Rainbow Series #3, Nutrition, Better Eating for a Head Start. Available from Office of Child Development. P.O. Box 1182, Washington D.C. 20013.

Competency B: The teacher understands the Nutrition Program Performance Standards and can explain them to parents.

Introduction

The teacher who understands the Nutrition Program Performance Standards will be better able to implement and evaluate the nutrition component activities for which the teacher has responsibilities and thus be able to achieve the desired goals. Parents similarly will be more understanding of the nutrition program's objectives and the need for their involvement if they know the reasons for these. With home and center working together toward a common objective, the child will benefit. The nutritionist and the teacher should try to talk to parents early in the program about the nutrition goals and Performance Standards to promote interest and cooperation.

Head Start is a comprehensive child development program for low income children whose purpose is to overcome the physical, social and emotional deprivation of poverty in order that they may achieve social competence. By social competence is meant the child's everyday effectiveness in dealing with the environment and later responsibilities in school and life.

The Head Start program provides comprehensive services in health (which includes medical, dental, mental health and nutrition), education, social services and parent involvement.

The nutrition performance standards specify the kind and quality of nutrition services required to be provided to Head Start children and their families.

These standards were developed to meet the Head Start nutrition program objectives which are essentially:

1. To help meet the child's daily nutritional needs for the hours at the Center by providing an adequate number of nourishing meals and snacks prepared in a safe and sanitary environment.

2. To develop good food attitudes and eating habits in children by providing a physical, social and emotional environment during meal time that will also contribute to their developmental and socialization needs.

3. To help family and staff through training and education, to fulfill their responsibilities in meeting the child's and family's nutritional needs.

Competency B: (continued)

The standards concern themselves with the basic tasks involved to achieve the above objectives. Accompanying each performance standard is guidance material which provides suggestions for implementing the performance standards. A brief description of the standards is presented below. Appendix B contains the Head Start Performance Standards and Guidance for the Nutrition Component.

Performance Standards

1. Identifying the nutritional needs of the children and families in the program. Health records, health histories and parent interviews are used to determine if the child has any nutritional problems, special needs such as handicapping conditions affecting self-feeding, swallowing, chewing, allergies and other conditions requiring special diets. Parent interviews should also identify the needs of the family for financial and food assistance, nutrition and consumer education, cultural - ethnic and other food preferences and habits.

   This information, plus what is known about specific community problems related to achieving good nutrition (local policies related to enrichment, fluoridation, pasteurization, food accessibility, etc.) lays the foundation for planning a nutritional program to meet the needs of the children and families being served. A written plan is required for the nutrition program.

2. Providing meals and snacks for the children, including the handicapped and those with special needs, appropriate to the number of hours spent at the center. In order to help meet the daily nutritional needs of the child, the standards specify: (1) the portion of child's total daily nutrient requirement to be provided for part-time and full day programs;(2) the amounts and kinds of food for meals and snacks; (3) the intervals between meals and snacks physiologically sound so that children will be ready to eat and enjoy the food when it is served; and (4) a nutritious breakfast before the daily activities begin if the child has not had any breakfast or an inadequate breakfast at home.

3. Providing for the developmental and socialization needs of children including the special needs of the handicapped during mealtime. Specifications are given for providing a physical, social and emotional environment during mealtime to foster socialization and promote enjoyable learning experiences to establish good food habits and promote self-concept.

Competency B: (continued)

4. Providing nutrition education for children, parents and staff

   Nutrition education for children is achieved through mealtime and other planned activities in and out of the classroom that will teach children to select and enjoy a wide variety of nutritious foods. Gardening, shopping, field trips to dairy, farm, food processing plants and food preparation are examples of such activities.

   Nutrition education for parents is provided in response to the identified needs and parents' expressed desires for assistance in feeding their families adequate diets.

   Nutrition education for staff is provided in relation to their specific responsibilities for program activities.

5. Providing for the involvement of parents and community in the planning, implementing and evaluation of the nutrition program. This standard requires that all community resources are utilized to the fullest possible extent to enhance the family food and financial resources and to provide nutrition services as may be needed to the program. Opportunities for parents to participate in the nutrition program must be made available such as sharing menus, communicating information about the child's changing food habits and growth gains or problems noted, occasional participation in mealtime at the center, in field trips and in classroom food preparation activities, in assessing and evaluating the program through serving on self-assessment teams, etc.

6. Ensuring compliance of all food preparation, storage, service facilities, personnel and vendors with applicable local, state and Federal sanitation laws. Licenses or certificates are evidence of this compliance.

7. Providing for the direction and supervision of the nutrition program by a qualified nutritionist so that all the other standards may be carried out (identifying needs of children and families, planning food program, provision of nutrition education, opportunities for parent involvement, budgeting and setting up record system) and thus assure a high quality program. This standard also specifies that pre-service, and in-service training be provided for food service staff that is sufficient to demonstrate and maintain proficiency in all facets of preparing a high quality food product.

8. Providing for an efficient record system that will help maintain an economical, efficient, sound food operation.

Competency B: (continued)

ASSESSMENT CRITERIA

The trainer observes the teacher talk to a parent or parent group or the trainer checks the teacher's explanation of the nutrition goals, in a role-playing situation, for the following content:

- The role of cultural and ethnic foods in the nutrition program.

- The program's responsibility for identification and meeting of special nutritional needs of children, including the handicapped.

- The provision of nutritious meals and snacks to meet the child's daily nutritional need for the hours spent at the center.

- The assistance provided parents in meeting the nutritional needs of the child and other family members at home via nutrition education, consumer education, home management, participation in food-help programs, etc.

- The center's food service policy and learning activities that will foster the selection and enjoyment of a wide variety of nutritious foods to promote good food habits.

- The utilization of mealtime and food-related activities which will meet the child's developmental and socialization needs such as: muscle coordination and hygienic practices, language development, sharing responsibility, etc.

SUGGESTED ACTIVITIES

The teacher receives orientation and training from a nutritionist on the intent and rationale of Performance Standards of the Nutrition Component.

The teacher works with the nutritionist in the preparation of the written nutrition plan.

The teacher reads and is familiar with the Nutrition Component Performance Standards and Guidance materials and prepares an oral or written explanation of the nutrition program for presentation.

Competency B: (continued)

ASSESSMENT CRITERIA

- The need for parent involvement in the nutrition program.

- The need for staff training to obtain competency in the areas of responsibility.

SUGGESTED ACTIVITIES

The trainer checks parents' understanding of the Performance Standards after an explanation from the teacher.

RESOURCES

Head Start Nutrition Performance Standards and Guidance. Appendix B

Written nutrition plan for Head Start program. Obtain from Head Start Director.

Competency C: The teacher can recognize signs in children relating to their nutritional well-being that require consultation with the nutritionist and participate as appropriate with any needed follow-up.

Introduction

The child's nutritional progress will depend both on what happens at the center and in the home. The teacher, through observations of the child during mealtime and snacktime, can learn many things about the child's eating practices and eating skills. Discussion of these observations with the nutritionist and parent will be helpful in working with the child at the center and the home.

The health professional, physician, dentist, and nutritionist are primarily involved in the detection or identification of nutritional problems, such as underweight, overweight, and iron deficiency anemia, of the Head Start children. Medical and dental examinations and laboratory test results will reveal nutritional conditions that need remedial actions. Review by the nutritionist of the child's and family's eating habits and preferences will reveal what nutrients are in short supply in the daily diet.

Children who have been identified to have nutritional problems or poor diets will receive follow-up and treatment by the health staff and nutritionists. Both will contact the parent to explain the condition and to advise how to improve the child's nutritional state. This may take the form of providing medical or dental treatment, vitamin and mineral supplements for the child, recommendations for addition of specific foods to the diet served at home, and helping the parent to obtain additional food and financial resources in order to improve the adequacy of the family's diet. Some of these children may also need to be encouraged to eat the type of food necessary to remedy the problem.

The teacher plays a very important role in teaching the child to eat and enjoy a wide variety of nutritious foods and in helping the parent to reinforce this learning in the home.

The teacher also plays another important role in helping the child maintain good nutrition. Teachers through constant observation of the children in their many types of daily activities are usually the first persons to become aware of emerging problems. Also parents usually report first to the teacher their concerns about their children.

Some of the nutrition-related problems that the teacher and parents may observe in the child are difficulties the child has in chewing and swallowing, in feeding himself, especially if handicapped, in acceptance of foods, child's behavior at mealtime toward other children and adults.

Competency C: (continued)

Parent and teacher by sharing their concerns and efforts and alerting the nutritionists or other professionals as appropriate, can thus help the child establish good food attitudes and habits and good nutrition.

Changes in height and weight measurements of children taken over a period of time are good indicators of a child's nutritional state. Children enrolled in Head Start should have at least one additional growth measurement made toward the end of the program year in order to observe these changes. When these measurements are plotted graphically they should indicate an upward trend or gain in height and weight. These measurements, to be meaningful must be taken precisely according to instructions provided. If height and weight measurements are the responsibility of the teacher, rather than the health personnel, the teacher must become knowledgeable of the techniques involved in making these measurements. The health professional or nutritionist should provide the training. Teachers may wish to use height and weight measurements of the children as a classroom activity to encourage good eating habits.

Competency C: (continued)

Assessment Criteria

The trainer checks the teacher's awareness of signs in children requiring follow-up by nutritionist such as:

- Outward physical manifestations of poorly nourished child.
- Information parent may relate.
- Growth progress interpreted from simple growth charts recording height and weight of child at the beginning, mid-term and end of year.
- Child's food intake is habitually inadequate at mealtime.
- Child refuses to eat over long period.
- Child overeats constantly.
- Child becomes ill after eating.
- Child grabs food from others.
- Child is too tired to eat.
- Child can't sit at table long enough to finish the food.
- Child is a very slow eater.
- Child is always thirsty.
- Child is argumentative and uncooperative at mealtime.
- Child has difficulty handling eating utensils to be able to get enough food through self-feeding.

Suggested Activities

The teacher observes children over one two-week period making notations as appropriate on the presence or absence of nutritionally-related problems in children and compares with experienced teacher's notations.

The teacher makes observation on children under the guidance of the nutritionist who alerts teacher how to recognize trouble signs.

Competency C: (continued)

Assessment Criteria	Suggested Activities
- Child is unable to chew food easily or refuses to chew food.	
The trainer checks children's records for notations of observations by teacher on child's acceptance of foods, eating skills, behavioral problems and actions taken (discussion with parent, nutritionist, other health personnel.)	
The trainer checks the teacher's understanding of growth progress of child as an indication of nutritional status. It should cover the following concepts:	The teacher learns from nutritionist or health professional how to make accurate periodic height, weight measurements and to graph them (if there are no available health workers to do it.)
- Increases in height and weight are signs that child is growing and eating a diet that supports growth.	
- Child should be weighed and measured at regular intervals to determine progress: beginning of the school year, and end.	
- Measurements must be made according to standard procedures and taken under the same conditions each time.	
- Height and weight measurements obtained as indicated in above should be plotted for child on simple graph paper so that the changes over time in height and weight are apparent. Children growing normally show an upward curve in both height and weight.	
- Children whose weight and height charts show no upward trend over 6 months to a year are suspect of inadequate food intake and should be called to the attention of the nutritionist and doctor.	

Competency C: (continued)

Assessment Criteria

Suggested Activities

The trainer checks the teacher's proficiency in making height and weight measurements.

The trainer checks the child's records for presence of graph of growth measurement.

Resources

Robert's Nutrition Work with Children. E. A. Martin. The University of Chicago Press, Chicago, Ill. 1954. Midway Print, 1974 $5.00.

Owens, G. M., The Assessment and Recording of Measurements of Growth of Children: Report of a Small Conference, Pediatrics, 51: 461-466, March, 1973.

Competency D: The teacher can use mealtime as a vehicle to meet developmental and socialization needs of children.

Introduction

Classroom staff play an important role in helping the child to eat better and to have better health as a result of good eating habits. Mealtime and snack time are a planned part of the day's learning experience. This time can well be used to help the child learn to eat and enjoy a wide variety of foods. Other learning experiences such as motor and sensory development, language development and socialization are a secondary benefit. Building self-concept by serving self, learning to share and manners are also benefits. Eating should be regarded by children as pleasurable and fun. They should look forward to it with anticipation. The teacher can promote this attitude by providing an environment for mealtime that is cheerful and bright. A clean, well lit, well ventilated attractive dining room, free of noise and activity by outsiders, is needed. There should be comfortable chairs where feet can touch the floor, tables seating about 5-6 and of a height from which children can eat comfortably. Sturdy eating and serving utensils that can be handled easily by the children is important in achieving mealtime pleasure.

Children should be relaxed, rested after outdoor or other physical activity, toileted and hands washed ready to eat. Food should be served at about the same time every day so children know what to do and what is expected of them. Children of this age are beginning to assert their independence by expressing themselves in foods eaten and manner in which foods are eaten. They may refuse to eat, or eat only one food. Teachers should be aware of this stage and let it pass without concern.

Adults and children sit down together sharing the same food. Adults set good examples to the children by their attitudes and acceptance of foods served and by their actions exhibited during mealtime. Children are served small portions that they can finish and are offered additional small portions. Children are encouraged to taste and eat food but are never forced to do so. The right of the child to refuse a food is respected. Food must never be used as a punishment or reward. Desserts should be a part of the meal contributing to the nutrient needs of the child and should never be withheld. Unpleasant experiences with food should be avoided and attention to child's eating practices should not be called in his presence.

Children are given opportunities to participate in the meal service. They can make centerpieces, place cards, wipe the tables, set the tables, help the cook prepare food and place food on the tables, wipe up spills, clean up. Children love to do for themselves what they are able and the teacher should encourage and promote family style service with the children serving themselves.

Competency D: (continued)

Pleasant conversation among the children should be stimulated and the teacher should make efforts to draw every child into the conversation during mealtime. Enough time should be allowed for the mealtime so that slow eaters can finish and provisions should be made for restless children to move about. Mealtime should be an emotionally satisfying experience for every child so that pleasant associations are formed with eating and with the food served.

A plan should be made with the nutritionist for children with under-developed feeding skills to receive appropriate help in eating and any needed special equipment that will lead progressively to their attaining needed skills. They should participate in mealtime with the other children.

Teachers associated with Head Start programs that are delegated to schools may encounter difficulties in providing the physical, social and emotional environment required during mealtime because the school administrators insist that Head Start children eat in the school cafeteria. Teachers and Head Start administrative staff should make every effort to encourage school authorities to cooperate in meeting mealtime environment prescribed by Head Start Performance Standards.

Competency D: (continued)

Assessment Criteria	Suggested Activities
The trainer will observe a class mealtime experience conducted by the teacher using the following checklist:	
1. Environment	The teacher observes and notes an experienced teacher's technique of conducting a mealtime experience and promoting conversation, and later compares her notes with the trainers' checklist.* Discussion with teacher may follow if appropriate.
- The dining room or area is clean, well lighted, and well ventilated and free of noise.	
- The dining tables and chairs are child-sized, the tables preferably seat 5-6.	The teacher evaluates herself against the trainers' checklist* when conducting a mealtime service.
- Serving and eating utensils, plates and cups are appropriate for small hands.	The teacher views audio-visual materials on the preschool child, such as the film, "Jenny is a Good Thing," and Feeding your Young Children and compares them to the checklist.*
- A relaxing activity and toileting and handwashing precede the meal.	
2. Conducting the meal	
- An adult is seated at each table.	
- Children participate in the pre-meal activities such as helping the cook (a few at a time), cleaning and setting tables, etc.	
- The food is brought to the table in serving bowls and platters.	
- Meal service begins as soon as children are seated.	

*Checklist refers to that under Assessment Criteria.

Competency D: (continued)

Assessment Criteria	Suggested Activities
- Children may begin to eat as soon as they are served. - The teacher uses family style service (serving the children who are not yet able to serve themselves and/or allowing others to serve themselves as appropriate) - The teacher helps children learn to serve themselves small portions which they can finish and offers seconds. - The teacher allows for differences in portion size according to the individual child's needs (age, appetite, etc.) - The food served is easily managed by the children (bite-sized, finger foods, tender meat) - The teacher eats the same food as the children, and demonstrates enjoyment and an accepting attitude. - The teacher encourages the children to eat their food, and to taste new foods, but never forces them to eat or taste. - The teacher does not use food as a reward, bribe, or punishment. * The trainer should check to see that the more subtle use of food as reward, bribe or punishment is not employed such as withholding milk or dessert until the plate is clean, providing gold stars or other rewards for clean plates, etc.	

Competency D: (continued)

Assessment Criteria	Suggested Activities
- The teacher promotes or initiates topics of conversation between children and between children and adults, (although the food served at mealtime is a good topic of conversation, it need not be the sole topic of conversation.)	
- The teacher demonstrates the ability to adapt the eating situation to meet the needs of the handicapped child.	
- The teacher demonstrates good manners and hygienic practices through her actions at the table to set an example for the child: "please" and "thank you" use of napkin use of hygienic practices when passing and serving food use of handkerchief to cover mouth or nose when coughing or sneezing cleaning up spills	
- The schedule allows children sufficient time to eat, including seconds, especially slow eaters, and to leave when finished.	
- The children are enjoying the mealtime.	
- There is little or no plate waste.	
- Children help clean up after meal.	
The trainer will observe if snacktime is a learning experience.	The teacher conducts snacktime as a learning experience.
- Children wash hands.	

Competency D: (continued)

Assessment Criteria	Suggested Activities
- Children help set table, serve the food and clean up. - Teacher partakes of snack with children. - Conversation is encouraged.	
The trainer will observe lesson plans for use of snacktime for sensory explorations, tasting parties, etc.	
The trainer observes teacher's schedule or lesson plans on providing each child with opportunities for participation in mealtime activities.	The teacher makes a plan to give each child a turn in exercising responsibility for mealtime activities. (Cleaning tables, setting tables, helping cook, helping to serve, cleaning up.)
The trainer observes the mealtime to see that the teacher is alert to the interaction between the children and is successful in encouraging and involving all the children to express themselves on topics of interest to them.	The teacher tape records the children's conversation during mealtime, and later reviews the tape to find ways to improve and expand her role in promoting conversational interaction.
The trainer observes how the teacher makes provision for children with any developmental feeding handicaps during mealtime such as the use of special feeding equipment, help provided child by teacher or other children and that handicapped child is part of group and enjoying mealtime.	

Resources

Bettelheim, B. Food to Nurture the Mind. Available from Children's Foundation, 1028 Connecticut Avenue, Washington, D.C. 20036 $1.00. Discusses meanings of food beyond just nutrients.

Jenny is a Good Thing. Film. Available free on loan from STO or Modern Talking Picture Service, Inc., 2323 New Hyde Park Road, New Hyde Park, New York 10040. Demonstrates the functioning of the nutrition component in Head Start.

Feeding Your Young Children. Filmstrip. Available free from local Dairy Council. Discusses in simple fashion (using Basic 4 approach) food needs of child, likes and dislikes, changes in appetite, activity, acceptance, ability to serve self.

Feeding the Handicapped Child. M. A. Harvey, Editor. University of Tennessee Child Development Center, Department of Nutrition, 711 Jefferson Avenue, Memphis, Tennessee 38105, $3.50.

See especially the chapters on "The Dilemma of Food Habits", "Feeding Little Folks --- as they see it", and "Feeding Skill Training."

Competency E: The teacher utilizes necessary and safe sanitation practices.

Safe and sanitary practices play a vital role in the entire food preparation and food service operation. The nutritionist and the cook have the major responsibility for maintaining local and State standards regarding food preparation, storage and service facilities and personnel. Compliance with these standards is signified by posted licensing certificates and reports of annual inspections conducted by the sanitarian and annual health examinations for all food service personnel.

The responsibility of classroom personnel for maintaining sanitary practices begins once the food arrives at the dining area. This is the sole responsibility of classroom personnel when food is delivered from a central kitchen or caterer. In centers having a kitchen on the premises the cook and aide may also share this responsibility.

The purpose of sanitary practices is to keep food safe to eat, i.e., to prevent the food from becoming spoiled and causing food-borne illnesses.

To prevent food spoilage the following conditions must be observed:

a. Food must be kept free of contamination with a disease - producing organizm or germ.

b. Food must be refrigerated and (kept at a temperature that will prevent rapid growth and multiplication of the germ.)

Microbes or germs need food and warmth for growth. Some foods are better supporters of bacterial growth than others. For example, mixed foods containing mayonnaise or salad dressing such as egg salad, ham salad, chicken salad, tuna salad, are excellent supporters of growth when kept at room temperature. However, all foods can become spoiled if not treated properly. The microorganisms can be introduced into the food by unwashed hands, sneezing and coughing, contaminated water, contaminated raw meat or other raw ingredients. Proper cooking will destroy the microogranisms in most foods. Cooked foods may become reinfected if allowed to stand at room temperature or through careless handling.

The teacher will need to observe good hygienic and sanitary practices and instill these in the children especially in regard to family style serving (children serving themselves from common serving dishes). Many State and local standards do not allow family style service in group dining establishments.

Competency E: (continued)

In such cases the teacher will dispense the food from a common platter. Other local and State regulations prohibit the use of quart, 1/2 gallon, or gallon procurement of liquids from which to serve children - only individual size portions may be procured. The teacher will need to know what the local regulations require and it is the nutritionist's task to obtain and transmit this information.

In addition to knowing safe and sanitary food handling and serving practices, the teacher working in a Center where food is obtained from a caterer or central kitchen will need to know how to store leftovers, how to handle and dispose of garbage, how to prevent insect and rodent infestation. If non-disposable service utensils and eating utensils, dishes and glasses or flatware are used and are not returned to a central kitchen for washing, the teacher has the obligation to make sure proper dishwashing procedures are employed.

The assessment criteria described in the following pages provide in detail the actions necessary for a safe and sanitary food service. Appendix C provides additional detail.

Competency E: (continued)

Assessment Criteria

The trainer will observe mealtime for the following: (Checklist)

- Children and teacher wash hands before meals and before helping with setting the table, etc.
- Eating and serving utensils, cups, glasses and plates used are free of chips and cracks.
- There are extra serving spoons, forks, etc., for family style service to replace those that might be dropped on floor or that child has put in mouth or handled incorrectly (fork tines, bowl of spoon, etc.)
- Mealtime is scheduled to coordinate with delivery of food from kitchen or from caterer. Children are relaxed, tables are set up and food is served so there is no delay.
- If food must be held, as in case of single delivery for AM and PM sessions, hot foods are kept at 140°F and cold foods at 40°F.
- Children are closely watched by teacher to instruct and remind them how to pass food and serve themselves and others.
- Spills are wiped up by child immediately.

Suggested Activities

The teacher observes an experienced teacher conduct a mealtime service and uses trainer's checklist* to guide observations.

The teacher conducts a mealtime service under the supervision of the nutritionist, meeting conditions specified in checklist*

The teacher talks with a Sanitarian and assesses and reviews the Sanitation practices in the center based on the checklist used by the inspecting Sanitarian.

* Checklist refers to that under Assessment Criteria.

Competency E: (continued)

Assessment Criteria	Suggested Activities
- Child uses handkerchief to cover mouth and nose for cough or sneeze.	
- All fresh fruits and vegetables served have been thoroughly washed.	
- Milk or other liquid is poured from large container into small pitcher and the large container is returned immediately to refrigerator.	
- Milk or liquid remaining in small pitchers is discarded, not returned to large container.	
- Food in service bowls that is left over is discarded. Small portions are put in service bowls which are refilled as needed from pot in which cooked or from delivery receptacle.	
- Leftovers from pot or delivery receptacle to be used the next day are refrigerated immediately after the meal in clean covered containers. Others are discarded or frozen.	
- Teacher daily observes the quality and quantity of the food received and served whether from an on-site kitchen, a kitchen or caterer and communicates problems to nutritionist or Head Start director.	
- Dry cereal and bread are stored in dry, well-ventilated, cool area off floor.	

Competency E: (continued)

Assessment Criteria

- Refrigerator temperatures are 40°F and there is thermometer in refrigerator.
- Refrigerator is clean and defrosted.
- Eating utensils are stored in a clean covered place.
- Food storage and serving area should be free of insects and rodents.
- Toxic materials are stored in an area separated from food, dish and utensil storage.
- Washing of dishes, utensils, etc., follows local sanitary standards.
- Garbage is stored in tightly covered containers free of cracks or holes.

Suggested Activities

Resources

Sanitation Guide for Head Start - Appendix C.

USDA Extension Service, Slides 2X2 It's Good Food - Keep it Safe; The Invaders - Keep it Clean; Watch the Temperatures/Every Minute Counts, Order from: Double Sixteen Co., P.O. Box 160, Wheaton, Illinois 60187, $15.00.

Storing Perishable Foods in the Home, Home and Garden Bulletin #78, USDA.

*Contact your extension service nutritionist to get USDA publications.

Competency F: The teacher can provide children with experiences to establish sound food habits.

- The teacher can construct classroom food preparation activities involving children, cooks and volunteers (parents).

- The teacher can use food-related activities such as tasting parties, gardening, field trips, etc., as a means of stimulating interest in and a desire to eat new and different foods from a wide variety of sources in addition to having experiences that reinforce good patterns already established.

Introduction

Children are not born with definite likes and dislikes. Their eating habits and food preferences are gradually formed by experiences with food. The child's early food choices are limited by the foods given him. Pleasant association with eating and foods and exposure to a large variety of nutritious foods including cultural and ethnic foods will help the child learn to eat and enjoy nutritious foods.

Three basic nutrition concepts appropriate for preschool children are (1) food is good, (2) many kinds of food are good, (3) eating is fun.

Learning about food can be associated with both mealtime and with other daily activities. Daily mealtimes at the center serving tasty, attractive, nutritious food appropriate to children in a satisfying physical, social and emotional environment is a very effective way for small children to develop good food attitudes and to enjoy eating.

Other activities that provide pleasurable experiences with food and eating may include classroom food preparation; shopping for food; tasting parties; field trips to farm, dairy, bakery, canning plant, etc.; picnics; holiday or special occasion celebrations including families; planting seeds, picking food, cooking and eating it; acting out role of grocer, or parent shopping and preparing food in play corners, etc. The activities planned should be kept simple and within child's interest, needs and developmental level. Plans for these activities should be a joint effort of the nutritionist, teacher and cook and involve parents, especially in the doing.

The final step in any nutrition activity should be eating the food seen grown, discussed, or prepared.

Competency F: (continued)

The absence of on-site food preparation facilities need not be a deterent to providing children with food-related activities. Portable electric appliances such as an electric frying pan or the more elaborate combination oven-broiler-hot plate can be used successfully in the classroom under proper supervision and safety precautions.

Food-related activities in addition to their function of helping to establish sound food habits can be planned and incorporated into learning in other areas. Food-related activities involve motor development, muscle texture concepts, learning new words, exercising powers of observation and expressing verbally things observed, learning about safety and (mixing, cutting, chopping, etc.). Children also can learn what the farmer does, what the grocer does, what happens to the food after it is picked, what makes the food grow, etc. How much of the learning occurs will depend on how capable the teacher is constructing the lessons to get the total benefits out of these activities.

NOTE: The primary objective for carrying out food-related activities is specifically for children to learn to eat and enjoy a wide variety of nutritious foods. Food is to eat and not to be used merely as an educational object. When foods are used for any classroom purpose, the final step should culminate in eating the food, and the foods should have been selected to be supportive of goals and objectives of the Head Start nutrition program.

The references listed under the Resources Section provide many ideas for activities for the preschool child and how to conduct them.

Competency F: (continued)

Assessment Criteria	Suggested Activities
The trainer checks the teacher lesson plans for inclusion of objectives related to identified needs of children and families served.	The teacher with the help of the qualified Head Start nutritionist plans the food-related activities based on identified needs and goals of the nutrition program.
The trainer checks the teacher's lesson plans for inclusion of objectives related to identified needs of children and families served.	The teacher with the help of the qualified Head Start nutritionist plans the food-related activities based on identified needs and goals of the nutrition program.
The trainer observes a food-related activity to see if objective is implemented and achieved.	
The trainer observes a classroom food preparation activity involving the teacher, cooks, volunteers and children, checking performance of the teacher, using the following checklist:	The teacher observes an experienced teacher's technique of conducting a food preparation activity comparing the performance with the trainer's checklist* followed by discussion with teacher as necessary.
- The required ingredients and utensils (as specified in the lesson plan) are arranged on a table at hand level of children ready for use. - Illustration of the steps to be followed is posted if appropriate. - Children are divided into small groups of five to six with one adult supervisor, as specified in the lesson plan. - Preparatory activities, such as cleaning work surfaces, and hand-washing take place.	The teacher plans a unit of food-related activities with cook that involves children on a regular basis in preparing menu items and carries them out with children, cook and volunteers, comparing the performance with trainer's checklist.*

*Checklist refers to that under Assessment Criteria.

Competency F: (continued)

Assessment Criteria	Suggested Activities
- Procedures are explained if necessary and new skills are demonstrated if needed.	
- The teacher shows the children the safety precautions in handling equipment, and sanitation procedures necessary during the activity.	
- The teacher explains unfamiliar terms or nomenclature for utensils, cooking tasks, ingredients.	
- The teacher talks about the color, texture, odor, taste, size, etc., of ingredients and intermediate finished product.	
- The teacher encourages the observation by children and asking of questions about the changes that are occuring when the ingredients are mixed, and subjected to various processes.	
- The teacher encourages the child to express what is happening.	
- The teacher encourages self-direction and creativity among the children.	
- The tasks are suited to the abilities and age levels of the children.	
- A relaxed attitude prevails throughout the activity, there is no confusion.	
- Volunteers and other adults helping with the activity give children the freedom to participate at their levels of abilities.	

Competency F: (continued)

Assessment Criteria

- Each child has opportunity to participate in food preparation activity and clean-up.
- Children are supervised by an adult in the kitchen if oven, stove or refrigerator is to be used to finish the process.
- The end products are tasted and/or eaten by the children.
- Provisions are made for the child to take samples home or share information about activities with parents.
- Cultural and ethnic foods are included in food preparation activities.

The trainer observes the activities conducted by the teacher to foster the child's selection and enjoyment of a wide variety of nutritious foods and reviews:

- lesson plans on the activities related to the introduction of new foods (field trips to see how grown and processed, reading stories about foods, viewing films and filmstrips if field trips are not possible, shopping for food, preparing food, tasting food, planting and growing food, gathering foods, etc.)
- the kinds of foods introduced for inclusion of unfamiliar but available foods, and foods from cultures of children in the classroom and related to identified needs.

Suggested Activities

The teacher plans and conducts a unit of food-related activities associated with the introduction of a new or unfamiliar food or familiar food prepared in unfamiliar ways.

Competency F: (continued)

Assessment Criteria	Suggested Activities
- the teacher's evaluation of the lessons as carried out (children's acceptance of food.) - the menus for the frequency of the inclusion of the foods introduced by the teacher.	
The trainer will observe the celebration of a special occasion and note the type of foods served. Are nutritious foods associated with happy occasions (Halloween, birthdays, Christmas and Easter)? Is emphasis placed on cookies and cakes that contribute to nutrient needs? Are other foods used that broaden the child's concept of the kinds of foods that can be part of a festive occasion?	The teacher plans with the nutritionist the selections of treats for special occasions -- birthdays, holidays -- then involves children in planning of menus and snacks and preparing food for special occasions.
Trainer checks lesson plans for objectives and follow-up of field trip. Trainer accompanies children on field trip to see if objectives are achieved. Trainer checks to see that food for field trip was coordinated with cook and parents and is nutritious and appropriate to children.	The teacher plans and conducts a food-related field trip.

Resources

Children Can Cook. Filmstrip and record. Bank Street Films, 267 W. 25 Street, New York, N.Y. 10001, price $14.00. Discusses how cooking can be incorporated into a child development program.

The Mother-Child Cookbook. Nancy J. Ferreira. Available from: Pacific Coast Publishers, Menlo Park, California 94025, $2.95. Guide to cooking activities starting with simple items and progressing to those requiring many skills.

Cooking and Eating with Children - A Way to Learn. Available from: Association for Childhood Education, International, 3615 Wisconsin Ave., N.W., Washington, D.C. 20016, $2.50 plus postage. Describes how to structure food preparation activities, recipes, etc., and how to use food activities to learn math, art, language, science, etc.

Kim Likes to Eat. Food is Good Book I. Food Helps Kim Grow. Food is Good Book II. Kim Remembers to Wash. Food is Good Book III. Kim Helps Care for Food. Food is Good Book IV. Available from Yakima Home Economics Assn., P.O. Box 2424, Yakima, Washington 98902, 50¢/copy. Booklets for children stressing nutrition concepts that food is good, food helps to grow.

Good Food for Life. M. Schlick 1973. A 5 unit learning package for teaching basic nutrition concepts to Head Start children. Available from Washington STATO, University of Washington 411 Hall Health Center GS-15 Seattle, 98105.

Project Head Start, Rainbow Series 3F Nutrition Education for Young Children. Describes classroom nutrition activities. Obtain from the Office of Child Development. Box 1182, Washington, D.C. 20013.

How Children Learn about Food. Slides or Flash Cards with text. Available from Visual Communications Office, 412 Roberts Hall, Cornell University, Ithaca, New York 14850. Discusses how food habits and attitudes develop, how adults influence a child's development.

Nutrition Education in Head Start - Appendix D

Creative Food Experiences for Children, Mary T. Goodwin and Gerry Pollens, Center for Science in the Public Interest, 1779 Church Street, Washington, D.C. 20036 - $4.00/copy. Food Experiences for children are outlined to include objectives materials and procedures with additional notes to the teacher. The Service - Resource Section is extensive. This book contains experiences for children of all ages including the preschooler.

Good Times with Good Foods: Classroom Activities for Young Children. Idea Exchange - A LINC Publication 1001 N. Elm Street, Greensboro, North Carolina - Vol. 6 #3; March, 1976. Describes objectives, activities and learning. Organized as the four food groups.

Competency G: The teacher can provide opportunities for parent involvement in the nutrition program.

Introduction

Achieving the nutrition program objectives of providing food that will meet the child's daily nutritional needs and establishing good food habits depends, not only on the Head Start Center's efforts, but also, on the cooperation of the parents. Both parents and center must work together. What the child learns at the center must be reenforced at home. In order to do this parents need to learn about foods needed for good nutrition by various family members. They also need information on how to obtain the necessary foods within their limited resources. To help establish good food habits in children - parents may also need assistance to create a physical, social and emotional environment during mealtime that is conducive to the child's and family's enjoyment of mealtime. Parents should also be made aware of the physical and emotional characteristics of the preschool child that affect his eating as well as other behavior.

Involvement of the parent in nutrition activities at the center is a way of obtaining some of the knowledge indicated above. Eating is a way of obtaining some of the knowledge indicated above. Eating with the children, reading the menus and participating in planning menus that meet nutrient and developmental needs of children at the center are ways of learning about needed and appropriate foods and meals for children. Eating with the children at the Center involves the parent in providing a good emotional and physical environment at mealtime and demonstrates appropriate ways that children can help with the preparing and serving of food and cleaning-up. Learning how to monitor the food service will provide knowledge on safe and sanitary food handling practices.

Planning for and participating in nutrition and food related field trips or in classroom food preparation activities can be a valuable way for parents to contribute ideas and help as well as to learn. Involvement and participation at the center in nutrition program activities is learning about nutrition by doing. Interest created by these activities can be followed up by the program's nutritionist providing more detailed information according to the desires expressed by parents.

NOTE: Opportunities planned for parents should permit them to make a meaningful contribution to the activity rather than to participate as an observer.

Competency G: (continued)

Assessment Criteria	Suggested Activities
The trainer checks to see if the teacher has organized plan for parents' involvement.	The teacher plans with nutritionist opportunities for involving parents in nutrition program activities and communicates these to parents.

Examples of opportunities involving parents are:

- Eating at the Center with Children on a Periodic Basis.
- Helping the cook, teacher, and children plan and prepare for group picnics, Thanksgiving dinners and other special occasions.
- Checking and serving catered food for food delivered from central kitchen and cleaning up.
- Helping with classroom food preparation activities and field trips.
- Planning menus and other nutrition program activities.
- Demonstrating special cultural/ethnic recipes and sharing with each other ways of meeting food needs of their families.
- Preparing newsletter on nutrition activities.
- Participating in school gardening project.
- Participating in measuring heights and weights.

Competency G: (continued)

- The trainer discusses with parents their satisfaction with activities provided for their involvement.

- The trainer checks volunteer records for parent participation during scheduled food-related activities.

- The trainer checks teacher's method of communicating opportunities for involvement to parents and for teachers' follow-up to encourage participation.

Resources

Project Head Start Rainbow Series:

#5 Volunteers in the Child Development Center Program

#6 Parents are Needed-Suggestions on Parent Participation in Child Development Centers

#10A Parent Involvement-A workbook of Training Tips for Head Start Staff

Head Start Program Performance Standards - Parent Involvement Component and Appendix B 70.2. Available from the Office of Child Development

Parent Participation in Head Start, 1976, Phyllis Hangling, Draft

Appendix A

Nutrition and Services to Children With Handicapping Conditions

The nutritional status of a child is one of the most critical factors in that child's state of well being. The various nutrients in the foods eaten provide the child's body with materials for energy, brain functioning, bone and muscle growth and development, blood formation, regulation of the body's chemical balance and processes, maintenance of healthy tissue, and for a variety of other uses.

The process of eating provides for other needs of the child. For one thing, food helps the child learn how to use various parts of the body. Eating requires the use of the eyes, mouth, and throat muscles. In fact, when we watch very young children eat, we see that their entire bodies are trying to help in their feeding. Eye-hand coordination is one of the skills being developed in this process and the steps leading to this must be allowed to take place, including use of finger foods and moving to use of utensils. Eating is also a time of interaction and socialization when encouragement and acceptance are needed. The major special nutrition-related problems you may see in the child with a handicap are: slower growth rates, poor food habits leading to inadequate nutrient intake, delayed feeding skills, feeding problems related to inability to chew and swallow, and underweight and overweight.

Anything that affects the child's ability to have an adequate intake of nutrients should be of great concern to all involved with that child. Thus all children with handicapping conditions are of special concern since there is evidence that these children are especially at risk nutritionally. Children with difficulties in chewing and/or swallowing, with underdeveloped feeding skills, allergic conditions, or metabolic disturbances requiring special diets or variations in food preparation and service are most obviously in need of help from a skilled nutritionist. However, nutrition attention is needed for all children.

The child with a handicap has all the ordinary requirements that all children have for meeting food and eating needs. The food pattern mandated for all children in Head Start should provide the needed nutrients, but you will need to be especially aware of what the child is eating and that the child is in fact consuming the variety of foods needed to provide the nutrients. The child with a handicapping condition may require more time to eat than other children and should feel no pressure to hurry, and may need the added encouragement provided by eating with other children and staff. In addition, some modifications of existing equipment may be needed and occasionally a piece of special equipment may be required.

If the child has delayed feeding skills, you must start where the child is developmentally and plan over a longer time to bring the child through the steps of sucking to swallowing pureed foods through chewing and swallowing more solid foods.

The child with additional problems in chewing and swallowing requires a specific diagnosis of the cause and plans made for developing the muscles and reflexes needed for chewing and swallowing with full consideration of meeting nutrient needs.

Problems of both underweight and overweight need to have the cause diagnosed and a long term plan made for getting these problems under control.

It is especially critical that the parents be included in plans made to meet any of these special nutrition needs of the child since the major part of the child's food needs are met at home.

A child with one of the metabolic errors such as phenylketonuria will be on a carefully planned and controlled diet. For the most part, the food itself will be provided by the family, with the center using it for the child's meal, making sure that the other children do not share their food.

Other special dietary needs, such as that for a child with diabetes, should be able to be provided from the same menu as used for all the children with only minor, if any, changes.

Head Start programs should make full use of the nutritionist serving them to assure that families and staff have the technical assistance to assure that the child is well nourished. In addition, some of the problems described require regular and ongoing help from nutrition specialists, occupational and physical therapists and others. Your local or State health departments should be able to provide you with this needed help or advise you on who in your State can provide this, and help in staff training.

Appendix B

NUTRITION

PERFORMANCE STANDARDS	GUIDANCE
§ 1304.3–9 Nutrition objectives.	
The objectives of the nutrition part of the health services component of the Head Start program are to:	
(a) Help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development.	
(b) Provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;	
(c) Help staff, child and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the Head Start program;	
(d) Demonstrate the interrelationships of nutrition to other activities of the Head Start program and its contribution to the overall child development goals; and	
(e) Involve all staff, parents and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided by Head Start complements and supplements that of the home and community.	
§ 1304.3–10 Nutrition services.	
(a) The nutrition services part of the health services component of the performance standards plan must identify the nutritional needs and problems of the children in the Head Start program and their families. In so doing account must be taken of:	(a) The intended purpose of the written plan is to develop a system to: • identify the problem areas and needs that must be addressed related to nutrition; • meet total needs including providing the overall high quality feeding and nutrition education program expected for children, and • bring parents and staff to a level of understanding and involvement in the area of nutrition to enable them to meet their various appropriate responsibilities.

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	It should be designed for the agency to use to develop and provide a high quality nutrition component and does not have to be elaborate. Appendix G, "Nutrition Component Program Planning" and Appendix H, "T/TA Plan of Action for the Nutrition Component," of the OCD *Handbook for Local Head Start Nutrition Specialists* can provide additional guidance to the professional staff responsible for developing the written plan. The Handbook is available through the OCD Regional Offices.
(1) The nutrition assessment data (height, weight, hemoglobin/hematocrit) obtained for each child;	(1) These data should be available from the child's current health evaluation record or his medical history record. Height and weight measurements should be plotted on growth charts at the beginning, middle and end of the school year. Other pertinent information can be obtained from the medical and dental records. Underheight/underweight children may need additional food provided at the center along with follow-up at home. Overweight children need follow-up to identify the specific factors involved in the weight problem and realistic interventions consistent with good child growth and development practices both at the center and at home. Children with anemia and similar medical nutrition problems need specific diagnoses and follow-up. A child with a hemoglobin of less than 11 or hematocrit of less than 34 is considered to be anemic. This is consistent with the standards of Public Health Service, Maternal and Child Health and with CDC National Nutrition Status Survey as well as EPSDT guidance material. Children with unresolved nutrition-related needs should be referred to appropriate agencies who have continuing contact with the child for follow-up after the child leaves Head Start.
(2) Information about family eating habits and special dietary needs and feeding problems, especially of handicapped children; and,	(2) This information should be obtained by talking with parents early in the year. The interviewer should receive orientation and training on how to conduct such interviews. Examples of the type of information to be solicited are contained in *Screening Children for Nutritional Status: Suggestions for Child Health Programs*, 1971. DHEW HSM 72-5603. Available from Maternal & Child Health, Health Services Admin., Public Health Service, 5600 Fisher's Lane,

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	Rockville, Maryland 20852. The information will be used to assure that the many good aspects of the family eating patterns are reinforced through food served in the center; that special dietary needs are met at the center; and that this information will be considered in developing a nutrition plan with families.
(3) Information about major community nutrition problems.	(3) Information about major community nutrition related problems may be obtained from the demographic characteristics of the target group such as family income, educational level, racial and ethnic composition, religion, and from the quality of the local food and water supply such as availability of enriched food staples, fluoridated water, etc. See *Nutrition Assessment in Health Programs.* Am. J. Public Health, vol. 63, November 1973, Supplement. Available from American Public Health Association, 1015–18th St., N.W., Washington, D.C. 20036 ($4.00) for a discussion of this subject. The State and local health department nutritionists are helpful in obtaining such information. The information should be used for developing the applied aspects of the nutrition program by determining the need for income supplementation, fluoridation of water, increased use of iodized salt, control of sale of uncertified raw milk, more effective method of distribution and utilization of food stamps, a system for making food available, i.e. transportation, food outlets, coops, etc.
(b) The plan, designed to assist in meeting the daily nutritional needs of the children, shall provide that:	(b) The child's total daily nutritional needs should be supplied by the food served in the home, complemented by the food served at the center.
(1) Every child in a part-day program will receive a quantity of food in meals (preferably hot) and snacks which provides at least ⅓ of daily nutritional needs with consideration for meeting any special needs of children, including the child with a handicapping condition;	(1) The Recommended Dietary Allowances of the National Research Council, National Academy of Sciences are used as the basis for establishing the nutritional needs of the child. Foods in the pattern shown under (b)(4) meet these needs. Calculations of nutrients in food served can be compared to the Recommended Dietary Allowances as a cross-check in assuring that one-third of the nutrient needs are met if there is any question of the adequacy of the meals. To meet ⅓ of the daily nutritional needs, use the lunch or supper pattern *plus* a breakfast or snack pattern. If the morning breakfast is used as the main meal rather than lunch or supper, it must be *very* substantial and include

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a protein-rich food in addition to milk to help meet ⅓ the daily nutrient needs. In addition, the snack served must also be carefully planned to add fruit or vegetable and probably milk in order to meet the remaining nutrient needs.

Use of menu cycles (3 weeks or longer) are helpful in formulating balanced and varied menus and in planning purchasing orders and work schedules. Include hot and cold foods and variety in colors, flavors and textures. Seasonal foods and USDA donated commodities should be fully utilized to keep food costs down. Check children's acceptance of food items on menu periodically and make changes accordingly.

Menus should be dated, labeled accurately and posted in the food preparation area as well as in the dining area. All substitutions must be indicated on the posted menus and menu at food preparation site.

Choose foods for meals and snacks that contribute not only to the child's nutrient needs but also to good dental health and support the dental education program. Do not serve overly sweet and sticky foods especially those high in refined sugars.

The nutrient needs of handicapped children are the same as for other children. However, due to difficulties in chewing or swallowing or lack of feeding skills the texture and consistency of the foods may need to be modified. In other conditions which require modification of the menu such as in food allergies, digestive or metabolic disturbances, etc., this information should be part of the child's health record and a physician's prescription must be kept on file at the center and at the food preparation site and updated periodically. A qualified nutritionist should help plan for meeting these needs.

General use of special dietary foods such as vitamin fortified modified milk products either as snacks or as meal supplements are not allowed. They are not in keeping with Head Start nutrition program goals of (1) providing needed nutrients through well planned meals, (2) providing a variety of food and eating experiences, and (3) providing opportunities for children to participate in menu planning and wherever possible in simple food preparation and selection, (4) reinforcing cultural and ethnic practices found in the children's homes.

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(2) Every child in a full-day program will receive snack(s), lunch, and other meals as appropriate which will provide ½ to ⅔ of daily nutritional needs depending on the length of the program;	(2) To meet ⅔ the child's nutrient needs will necessitate the use of the lunch or supper pattern *plus* breakfast and a snack or plus two well planned snacks, one of which contains milk. Even so calorie intake using the suggested quantities is generally inadequate, so it is critical to have seconds available and use butter or margarine as appropriate.
(3) All children in morning programs who have not received breakfast at the time they arrive at the Head Start program will be served a nourishing breakfast;	(3) Since it is virtually impossible for small children to meet their nutrient needs without having 3 meals a day, breakfast is required to be available at the center for children who have not had it at home. Breakfast should be served immediately upon arrival of the child at the center. If only a small number of the children arrive without breakfast, concentrate on supplementing the snack with simple additional foods to meet the breakfast pattern and serve the snack early. All children should then have access to this. If a majority of the children come without breakfast, it may be simpler to serve breakfast to all children. The use of the grain/fruit product or fortified cake roll made to meet specifications as a replacement for the bread and/or cereal and fruit components of the breakfast pattern is not consistent with Head Start philosophy and thus is not acceptable. They neither satisfy the need for meeting cultural food preferences nor the need for using the feeding program to teach sound food habits and attitudes by introducing the child and family to a wide variety of nutritious foods available in the market. In addition to this cake roll, pastries, doughnuts, sugar-coated cereals, etc., because of their sweet and sticky nature are not supportive of Head Start dental health education and are not recommended.
(4) The kinds of food served conform to minimum standards for meal patterns;	(4) Meal Patterns *Programs on SFSP reimbursement should also check USDA requirements for meal patterns.* Breakfast Juice or Fruit Cereal Milk (part used for cereal) Butter or Margarine, as needed OR Juice or Fruit Protein-rich food Bread, enriched or whole grain Milk

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Snack—one or more of the following:

Milk, fruit, vegetable, juice or Protein-rich food

Lunch or Supper

Protein-rich food—main dish
Vegetable and/or fruit (at least 2 kinds)
Bread, enriched or whole grain
Butter or fortified margarine as needed
Milk

Snacks should be planned to supplement nutrient needs not met in the meals. (USDA-SFSP requires a bread-stuff plus milk, fruit or juice.)

Menus developed from the pattern can include cultural foods. For example, at lunch the meat or meat substitute, vegetable and bread could be made into an enchilada, taco or burrito using the meat or cheese or bean, tomatoes or tomato sauce and onion and an enriched corn or flour tortilla.

Protein-rich foods are meat, poultry, fish, eggs, cheese, peanut butter, dried peas and beans.

Fruit drinks and beverages made from fruit-flavored powders or syrups are not acceptable. They do not contain many of the vitamins and minerals found in natural juices.

Bread includes tortillas, cornbread, rolls, muffins, bagel, fried bread, flat bread, etc., made of whole grain or enriched flour. The use of whole grain bread and cereals is preferred.

"Milk" can be any type of fluid milk that meets State and local standards. The use of chocolate flavored milk is discouraged. Because it is sweet, it may satisfy the child's hunger before the child has eaten enough food to meet other nutrient needs. In addition, it is poor dental practice.

Raw vegetables contain larger amounts of vitamin C than cooked vegetables. Include both raw and cooked fruits and vegetables in the menu.

A good to excellent source of vitamin C should be served daily. Fruits and vegetables that are good to excellent sources of vitamin C in the quantities consumed are listed below:

Excellent: Orange, orange juice, grapefruit, grapefruit juice, broccoli, collards, cantaloupe, raw tomato and raw strawberries.

Very Good: Mustard, beet and turnip greens, kale, cauliflower, chard, tangerine, and tomato juice.

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Good: Spinach, raw green pepper, dandelion greens, raw cabbage.

A dark yellow or leafy green vegetable should be served every other day to provide vitamin A. Fruits and vegetables that are good to excellent sources of vitamin A are:

Sweet potatoes, carrots, pumpkin, broccoli, winter squash, apricots, peaches, tomatoes, cantaloupe, dark green leafy vegetables: beet and turnip greens, spinach, kale, collard, etc.

(5) The quantities of food served conform to recommended amounts indicated in OCD Head Start guidance materials; and,

(5) Since children's appetites vary, average serving size for specific age groups are suggested below:

	AGES		
	1	2-3	4-6
Milk	½-1 c.*	½-1 c.	¾-1 c.
Bread	½ sl.*	½-1 sl.	1-1½ s.
Cereal	¼ c.	⅓ c.	½ c.
Vegetable			
Vit. A Source	2 T.*	3 T.	4 T.
Other	2 T.	3 T.	4 T.
Fruit			
C Source	¼ c.	⅓-½ c.	½ c.
Other	2 T.	3 T.	4 T.
Meat, lean cooked without bone	½ oz.*	1-1½ oz.	1½-2 oz.
Egg	1	1	1
Dried Peas or Beans, cooked	1 T.	2-3 T.	3-4 T.
Peanut Butter	1 T.	2-3 T.	3-4 T.
Cheese, cheddar	½ oz.	1-1½ oz.	1½-2 oz.
Cottage cheese	1 T.	2-3 T.	3-4 T.
Butter or Margarine	½ t.*	1 t.	1 t.

Remember that both these amounts and the amounts mandated by the USDA-SFSP are minimums and are guides. Some children may need more than these amounts. Check the USDA guides for their mandated amounts.

* NOTE c. = cup
sl. = slice
T. = Tablespoon
oz. = ounce
t. = teaspoon

(6) Meal and snack periods are scheduled appropriately to meet children's needs and are posted along with menus; e.g., breakfast must be served at least 2½ hours before lunch, and snacks must be served at least 1½ hours before lunch or supper.

(6) Quiet time should be scheduled before the meal so the children come to the table relaxed and ready to eat. Regularity in times of serving meals and snacks and the following of a daily routine help young children to establish good habits. Proper spacing of meals allows time for the child to be hungry enough to eat. Time should be allowed after meals for activities such as toothbrushing, handwashing, etc.

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	This is especially important when the meal is served just before the children go home.
(c) The plan shall undertake to ensure that the nutrition services contribute to the development and socialization of the children by providing that:	(c) The feeding situation should promote the physical, social and emotional development of children. This needs to take place in a quiet, well-lighted and ventilated area. Meal-related activities provide opportunities for decision making, learning to take responsibility, sharing, communicating with others, muscle control and eye-hand coordination. Family style food service supports these efforts. Food-related activities should be planned from the very simple to more difficult, all within the child's range of abilities. Usually food preparation activities are coordinated with and may be carried out in the kitchens. If food is not prepared on-site, special efforts will need to be made to assure that opportunities are available for food preparation activities in the classroom. These will need to be closely coordinated with the planned menus.
(1) A variety of foods which broaden the child's food experience in addition to those that consider cultural and ethnic preferences is served;	(1) Start with familiar foods which make a child feel comfortable and promote good self-concept. Introduce new foods gradually. Offer a small amount of one new food along with a meal of familiar foods. Children should be prepared for the new food through classroom activities such as reading stories about the food, shopping for the food and helping in its preparation, growing the food or seeing it grow on a farm, etc. Snack time can be used to introduce a new food. Explore various ways one food item is served in different cultures. For example, the many different types of breads used: tortillas, biscuits, pita (flat bread), bagels, soda bread, etc. Explore the many ways one food can be prepared. For example: hard and soft cooked egg, fried, poached, coddled, egg salad, deviled, meringue, egg nog, etc.
(2) Food is not used as punishment or reward, and that children are encouraged but not forced to eat or taste;	(2) If a child refuses a food, offer it again at some future time, don't keep pestering the child. Forcing children to eat or using desserts or other food as reward or punishment may create problem eaters and unpleasant or undesirable associations with the food. Remember that all foods offered should contribute to the child's needs, including the dessert. "Clean plate" clubs, stars and other gimmicks to encourage children to eat are not appropriate.

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(3) The size and number of servings of food reflect consideration of individual children's needs;	(3) Appetites vary among children and in the same child from day to day. Start with small portions allowing for additional portions as desired. Permitting children to serve themselves gives them latitude to make decisions on the quantity they want and prevents waste. Family style food service is preferred. Use of pre-packaged (e.g. preplated TV type) meals is unacceptable. They allow no opportunity for individualization of serving size, and usually allow little variety, especially in cultural foods. Serve food in a form that is easy for the young child to manage. Bite-size pieces and finger food are well-liked and suitable for small hands. Meat cut in bite-size pieces, bread, and raw vegetables cut in strips and fruit in sections are easy for children to handle.
(4) Sufficient time is allowed for children to eat;	(4) Serve children as soon as they come to the table. Slow eaters should be allowed sufficient time to finish their food (about 30 minutes). If children become restless before the meal period is over allow them to get up and move around, i.e., the children can take their plate to a cleaning area away from the table when finished. A leisurely meal time pace should be encouraged. Some handicapped children may be eating at a different developmental level than the other children. For example, if the 3-year-old child is eating with skills of a 2-year-old, start where the child is and plan with a nutritionist or other therapist for helping the child reach an adequate level of self-feeding skill. See booklets: *Feeding the Handicapped Child*, Mary Ann Harvey, Editor. Available from: University of Tennessee, Child Development Center, Department of Nutrition, 711 Jefferson Avenue, Memphis, Tennessee 38105 Cost: $3.50; and *Feeding the Child with a Handicap*, Publication No. (HSM) 73–5609 for suggestions on feeding techniques for handicapped children and types of feeding utensils available. Available from Supt. of Documents, Government Printing Office, Washington, D.C. 20402 Cost: $.60.
(5) Chairs, tables, and eating utensils are suitable for the size and developmental level of the children with special consideration for meeting the needs of children with handicapping conditions;	(5) Heavy duty plastic dishes and stainless steel flatware are practical for use with small children. Small flat-bottom plastic glasses or cups (4 oz.) are easy to hold and help avoid spills. Small pitchers can be handled by children for refills. Forks should have broad short handles and short blunt tines. Spoons should

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	have shallow bowls. Children need experience using knives. These should have rounded tips and short handles. If paper plates must be used they should be of sturdy weight so that they do not slide around and so juice does not soak through the surface and make eating difficult. Paper or styrofoam tumblers are not suitable. The children squeeze the paper with obvious results of spillage and bite through the styrofoam. Disposable plastic flatware is unacceptable. It is a safety hazard and it is not conducive to development of eating skills. Most local sanitary codes should permit stainless flatware to be washed in hot soapy water, rinsed and boiled or sanitized by an approved bleach or other chemical method. Use washable tabletops, covers or mats for easy cleaning of spills.
(6) Children and staff, including volunteers, eat together sharing the same menu and a socializing experience in a relaxed atmosphere; and	(6) Small groups of 5–7 persons are conducive to conversation and interaction. Interesting and pleasant table conversation centered about children's total experiences (not limited to food and nutrition) should be encouraged. Discourage talk about personal dislike of food. Teachers and other adults should set a good example by their attitude toward acceptance of food served. If the teacher must be on a special diet and cannot eat the same foods as the children, this should be explained to them. Good food habits are "caught rather than taught." The cost of food for teachers, volunteers and parents as guests should be budgeted. (USDA Special Food Service Program for Children does not reimburse food costs for adults.)
(7) Opportunity is provided for the involvement of children in activities related to meal service. (For example: family style service)	(7) Activities related to meal service include shopping for food, food preparation, setting the table, serving the food to others or self, cleaning up, helping the cook, making place mats and table centerpieces, etc. Children should be allowed to help with all of these activities.
(d) The plan shall set forth an organized nutrition education program for staff, parents and children. This program shall assure that:	(d) An organized program is based on identified needs and consists of planned activities to meet these needs. Nutrition education helps staff, children and parents increase knowledge, understanding and skills to achieve good nutrition.
(1) Meal periods and food are planned to be used as an integral part of the total education program;	(1) Meal periods are part of the flow of the day's activities. Foods serve as objects of observation and conversation for conceptual, sensory, and vocabulary development of children.

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	Food related activities can be used as a means for teaching language arts, color, texture, arithmetic, science, social skills and hygienic practices; however, the primary purpose of these activities is to establish long term sound food habits and attitudes, and the food should be eaten. There also may be a special nutrition focus in the education program with carry over into the menu and meal time activities. For example, if a trip is planned to an orchard, related emphasis should be placed on the fruit in the menus, meal time conversation, and classroom food preparation experiences.
(2) Children participate in learning activities planned to effect the selection and enjoyment of a wide variety of nutritious foods;	(2) Examples of learning activities are field trips, tasting parties, food preparation, planting and growing food, reading stories about food; role playing as parents, grocer, making scrap books and exhibits, feeding classroom pets, planning menus to share with parents, etc.
(3) Families receive education in the selection and preparation of foods to meet family needs, guidance in home and money management and help in consumer education so that they can fulfill their major role and responsibility for the nutritional health of the family;	(3) Staff should talk with parents to identify nutrition information and food needs and develop the plan in response to their specific needs. "Education" may mean organizing food coops, group gardens, transportation systems and other activities that contribute to meeting the needs. Parents have much to offer each other. Many ways can be used for parent involvement in education such as formal and informal presentations, individual counseling by nutritionist, nurse and other staff, attendance at local adult education programs and cook training sessions. Also, parents can participate in menu planning committees and staff can distribute pamphlets, newsletters and employ audio-visual aids.
(4) All staff, including administrative, receive education in principles of nutrition and their application to child development and family health, and ways to create a good physical, social and emotional environment which supports and promotes development of sound food habits and their role in helping the child and family to achieve adequate nutrition.	(4) This education must be appropriate to the specific nutrition-related responsibilities of each staff member. For example, nutrition education for the classroom staff should have a different focus from that of the food service staff or that of the director. The staff training program should be coordinated and integrated with the total staff training and orientation program.
(e) The plan shall make special provision for the involvement of parents and appropriate community agencies in planning, implementing, and evaluating the nutrition services. It shall provide that:	(e) Parents should be encouraged to participate in nutrition program activities such as planning menus and working in classroom nutrition activities, to serve as volunteers or in jobs in food service and in on-going monitoring of the nutrition component.

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	Parents or members of the community who meet the following requirements should be encouraged to apply for food service positions: • know how to prepare good food • are willing to try out new foods • meet health standards • have good attitudes toward food • like being and working with and around children • are eager and flexible to learn the necessary competencies to carry out the functions required. Appropriate agencies can provide professional input and are resources for training teachers, staff and food service personnel as well as meeting needs of parents. It is important that these agencies understand the Head Start philosophy. Some agencies may be resources for additional funding for equipment, food, etc. Examples are local health departments, schools, colleges, hospitals, county extension service, professional and trade organizations (The American Dietetic Association, Dairy Council, Home Economics Association, etc.)
(1) The Policy Council or Committee and the Health Services Advisory Committee have opportunity to review and comment on the nutrition services;	(1) The health advisory committee and policy council should review the nutrition program plan and advise on specific needs of the program with special reference to addressing identified community nutrition needs.
(2) The nutritional status of the children will be discussed with their parents;	(2) Any problem related to nutritional status as identified in (a)(1) and (2) and by teachers' observations of feeding skills and habits should be discussed with parents. A plan to solve the problems should be developed with the parents. Opportunity should be taken to reinforce the positive food habits and good growth pattern of the child.
(3) Information about menus and nutrition activities will be shared regularly with parents;	(3) Information can be shared by sending menus to the home, periodic group meetings, parent-staff discussions, home visits, and periodic newsletters. Frequency of these activities will vary from agency to agency.
(4) Parents are informed of the benefits of food assistance programs; and	(4) Food assistance programs include food stamps, free or reduced price school breakfast, lunch, and food programs for high risk categories (pregnant mothers, infants, children, the elderly). Contact USDA Food & Nutrition Serv-

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	ice for materials and information on these programs. Food & Nutrition Service U.S. Dept. of Agriculture 500 12th Street, S.W. Washington, D.C. 20250
(5) Community agencies are enlisted to assist eligible families participate in food assistance programs.	(5) It is important to assure that families have food. This may involve utilization of emergency food banks, providing transportation to buy food stamps or food, etc.; but it should be remembered that the long term goal is to help families become independent. Work with the social service component on this.
(f) The plan shall provide for compliance with applicable local, State and Federal sanitation laws and regulations for food service operations including standards for storage, preparation and service of food, and health of food handlers, and for posting of evidence of such compliance. The plan shall provide, also, that vendors and caterers supplying food and beverages comply with similar applicable laws and regulations.	(f) These are established to protect the health and safety of children being fed. All food service personnel should possess a Health Card or Statement of Health from the local Health Department or physician. Some States do not send inspectors to check Head Start facilities for compliance with local and State standards. In such a situation, designated program personnel—with knowledge of applicable sanitation laws and regulations or sanitation standards that assure provision of a safe food service should check annually for compliance with these regulations and be responsible for the correction of existing violations. Written evidence of this must be available. Self-inspection reports should be completed quarterly to assure maintenance of standards. The following areas should be addressed: Cleanliness and safety of food before, during and after preparation including maintenance of correct temperature Cleanliness and maintenance of food preparation, service, storage and delivery areas and equipment Insect and rodent control Garbage disposal methods Dishwashing procedures and equipment Food handling practices Health of food service personnel Water supply Local or State sanitarians in health agencies can be most helpful in providing ideas on ways to meet sanitation standards. Evidence must be available that food caterers have met codes. Vehicles used for transporting and holding food must be insulated so food meets temperature standards and transportation equipment must be able to be sanitized.

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(g) The plan shall provide for direction of the nutrition services by a qualified full-time staff nutritionist or for periodic and regularly scheduled supervision by a qualified nutritionist or dietitian as defined in the Head Start Guidance material. Also, the plan shall provide that all nutrition services staff will receive preservice and in-service training as necessary to demonstrate and maintain proficiency in menu planning, food purchasing, food preparation and storage, and sanitation and personal hygiene.

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(g) The services that a nutritionist is expected to provide in developing, implementing and supervising a high quality feeding and nutrition program require a person with at least the minimal amount of nutrition training and experience as follows:

A qualified nutritionist can be one who (1) meets the educational and training requirements for membership in the American Dietetic Association plus *one* year of experience in community nutrition including services to children 0–6 *or* (2) has a baccalaureate degree with a major in foods and nutrition, dietetics or equivalent hours of food and nutrition course work plus *two* years of experience in community nutrition including services to children 0–6. Required experience could have been concurrent with or a part of training.

It is important that the same nutritionist be used to establish consistency and continuity in the services. The amount and frequency of supervision needed will depend on the size of the program and the help it needs in coming into compliance with the performance standards. *A minimum of 8 hours of services per month per center* is suggested. Field experience indicates that grantees with on-site food preparation facilities can effectively use the services of one full time nutritionist for every 10 sites. Grantees providing food from a centralized food preparation facility, including catered or contract services, can use one full time nutritionist for every 10–15 centers served. Nutritionists even though meeting the qualifications outlined above must be oriented in Head Start Performance Standards. Every nutritionist should be provided with the *Handbook for Local Head Start Nutrition Specialists* obtained from Office of Child Development Regional Offices.

The nutritionist provides the following types of services:

(1) Assesses the nutritional status and special needs of children and their families from information provided by the family and from the health records, discussions with nurse, physician, dentist, and from knowledge of community nutrition problems; helps parents and staff in formulating plans for the nutrition program from this information.

(2) Provides necessary counseling for parents.

(3) Plans the nutrition education program with

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staff, parents and children. Participates in staff training.

(4) Observes performance of food service personnel and provides for a training program that will improve or develop competencies to insure proficiency.

(5) Helps teaching staff plan and provide nutrition-related learning experiences in classroom.

(6) Utilizes community resources in carrying out the total nutrition program.

(7) Participates in menu planning and review and takes other steps to assure a high quality feeding program.

(8) Provides the food service unit with direction in food budgeting, purchasing, storage, preparation, service, and setting up of efficient record systems.

(9) Assists in interpreting and meeting health, sanitation, and safety standards related to nutrition.

(10) Interprets Head Start nutrition service philosophy to peers in other agencies and enlists skills of such personnel.

(11) Assists in preparation of job descriptions and schedules in food preparation facility to assure an efficient food service operation.

(12) Assists in preparation of the budget and any written plans for the nutrition component.

(13) Participates in the self-assessment process.

The nutritionist should work at the grantee or delegate agency level so that she can coordinate all nutrition efforts across the board. She can function in several modes—using local resources in each program independently, setting up a cluster of model centers at which training of personnel can be conducted, scheduling her own time to make a monthly visit to each on-site facility (or however frequently this is feasible depending on the need in centers).

Training for food service staff must focus on knowledge, skills and attitudes needed to do the job as well as career development plans for those interested. The training program can be designed to meet the qualifications for a dietary technician or assistant as defined by the American Dietetic Association and provide opportu-

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	nity for career ladders into hospital dietary departments and other types of institutions. Examples of duties which food service personnel may be expected to perform and therefore need training are: • Plan menus with staff and parents • Procure and store food, supplies, equipment • Prepare or supervise the preparation and service of nutritious meals and snacks • Arrange work schedules for aides and volunteers • Maintain established standards of sanitation, safety and food preparation • Prepare budget data and maintain cost control system • Identify equipment needs • Maintain records pertaining to food service operation • Develop and test recipes and products • Cooperate and participate in nutrition education activities for children, parents and staff • Prepare simple written reports Adequate numbers of staff and time are required to do this. What constitutes an adequate number of food service personnel depends on the size of the food operation (the number of children being fed), the type of equipment available, the level of compentency of the employees, and the available auxiliary help such as janitorial service and volunteers. One full time cook on basis of past Head Start experience is suggested for centers serving 30–40 children supplemented by one full time aide for centers serving up to 80 children. For centers serving 15–30 children, a minimum of 6 hours per day of cook's time is needed. Sufficient paid time should be allotted to food service personnel to attend staff meetings, training and for planning.
(h) The plan shall provide for the establishment and maintenance of records covering the nutrition services budget, expenditures for food, menus utilized, numbers and types of meals served daily with separate recordings for children and adults, inspection reports made by health authorities, recipes and any other information deemed necessary for efficient operation.	(h) The nutrition services budget includes costs of food, food service and nutrition staff, equipment and nutrition education materials and supplies for children and parent activities and staff training. Records should be kept on file for a minimum of 3 years and should be available to monitors, auditors and other agency personnel as needed. All food program costs should be recorded: quantity and cost of food, purchased or do-

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	nated, labor including volunteers, expenditures for equipment, utilities and transportation. Programs under the Special Food Service Program must supply reports according to the requirements of the agency administering the program. A daily count of meals served to children and adults is a requirement of USDA as a condition for reimbursement. All menus should reflect any changes made. Written inspection reports should be posted and indicate any sanitation violations and date of compliance or expected compliance. Suggested sources of recipes are: USDA–FNS–86—*Quantity Recipes for Child Care Centers*. USDA sends these recipes to programs participating in SFSP. See nutrition guidance (e)(4) for address. Tested recipes are recommended to insure uniform quality, prevent waste and serve as a guide to purchasing. Other needed records include food and equipment inventories, personnel evaluation and training records.

Appendix C

Sanitation Guide For Head Start Centers

This sanitation guide is intended to cover the sanitation procedures required for daily operation of a Head Start Center.

This appears necessary since State and local ordinances are not always readily available and are sometimes too complex or lack sufficient detail to provide an adequate guideline for Head Start Centers.

It is suggested that this guide be used as a working manual by cooks and others involved with food service in all Head Start Centers in the region.

While this guide covers procedures for daily center operation, it does not cover regulations which relate to major physical features or the selection of a center site (such as building construction, water supply, plumbing, sewage, lighting, and ventilation). For these matters, contact the State or local health department.

The State Health Department may be contacted for a copy of the laws or guidelines applicable in the State (if such a booklet is available). Most sanitation regulations are based on the United States Public Health Service Publication, Food Service Sanitation Manual, USDHEW. 1962. Public Health Service Publication No. 934.
Inspections of centers are required once each year according to the Head Start Performance Standards. These inspections are usually handled on a request basis. Therefore, the centers should request inspections from the local health department or from the State Sanitarian.

In some States there is no licensing for Head Start Centers, but the Health Department will provide inspections on request.

It is important that the staff be present during this inspection, and get a written statement regarding the outcome.

Sanitation Guide

Note: All Head Start centers must have yearly inspections by State or local health authorities (see Nutrition Performance Standard 4.f.).

Food

1. Suppliers of food and beverages must meet local, State, and Federal codes.

2. Meats and poultry must be inspected and passed for wholesomeness by Federal or State inspectors. (look for stamp)

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3. Milk and milk products must be pasteurized. If dry milk is used, it must be prepared in a sanitized container and refrigerated or used immediately.

4. Home canned foods should not be used.

Food Storage

1. All perishable foods must be stored at temperatures which will prevent spoilage.

   Refrigerator temperature: 45°F. or below
   Freezer temperature: 0°F. or below

2. Thermometers must be located in the warmest part of each refrigerator and freezer and should be checked daily.

3. Refrigerators must have enough shelf space to allow for air circulation around shelves and refrigerator walls to maintain proper food temperatures.

4. Food should be examined when brought to the center to make sure it is not spoiled, dirty, or infested with insects.

5. Foods must be stored in rodent and insect-proof covered metal, glass or hard plastic containers (large shortening cans available from bakeries, etc., are ideal for storing flour and other commodities).

6. Containers of food should be stored above the floor (about 6 inches) on racks or other clean slotted surfaces which permit air circulation and protect from dirt.

7. Storerooms must be dry and free from leaky plumbing or drainage problems. All holes and cracks in storeroom should be repaired to prevent insect and rodent infestation.

8. Storerooms should be kept cool (about 60°F. - 70°F.) to increase shelf life.

9. All food items should be stored separately from non-food items.

10. An inventory system should be used to be sure that stored food is rotated (the first food stored is the first food used).

Food Preparation and Handling

1. All raw fruits and vegetables should be washed before use. Tops of cans should be washed before opening.

2. Frozen foods that must be thawed before preparation should be thawed in the refrigerator, or quick thawed in plastic bags under cold running water for immediate preparation. Do not thaw by allowing to stand at room temperature.

3. A thermometer should be used to check internal temperatures of the following foods to be sure they have been cooked to an adequate temperature throughout the product:

   Stuffings, poultry - heated to minimum temperature of 165°F. (Note: Poultry should not be stuffed - cook dressing in separate pan).

   Pork and pork products - minimum of 160°F.

4. Meat salads; poultry salads, potato salad, egg salad, cream filled pastries and other potentially hazardous prepared food (containing milk, meat, poultry, eggs, fish products) should be prepared from chilled products as quickly as possible and refrigerated in shallow containers or served immediately.

5. The temperature zone at which bacteria multiply most rapidly is between 45°F. and 140°F. All potentially hazardous foods must be maintained below 45°F. or above 140°F. during transportation and holding until service. (Refer to attached Temperature and Food Sanitation Guide.)

6. Foods must also be covered or completely wrapped during transportation.

7. Two spoons should be used for tasting food. Dip into food with one spoon; transfer food to second spoon for tasting without touching spoons.

8. Provide each serving bowl on tables with a spoon or other utensil for serving food.

9. Leftover food from serving bowls on the table should not be saved. An exception might be raw fruits and vegetables which can be thoroughly washed, packaged foods which don't spoil, and other foods which aren't potentially hazardous. (Enough food must be prepared to offer seconds to all children. The food can be held in the kitchen at safe temperatures for refilling serving bowls as needed.)

10. Food held in the kitchen at proper temperatures may be re-used.

11. Foods to be stored for re-use should be placed in shallow pans and refrigerated or frozen immediately to bring down temperature rapidly to 45°F. or below.

12. Leftovers or prepared casseroles should not be held in the refrigerator over two days.

13. Leftover foods should not be sent home with children or adults because of hazards of bacterial growth.

Storage of Non-Food Supplies

1. All cleaning supplies (including dish sanitizers) and other poisonous materials must be stored in locked compartments or in compartment well above the reach of children and separate from food, dishes, and utensils.

2. Poisonous and toxic materials other than those needed for kitchen sanitation should be stored in locked compartments outside the kitchen area.

3. Insect and rodent poisons should be stored in locked compartments in an area apart from other cleaning compounds to avoid contamination or mistaken usage.

4. All containers of poisonous material should be clearly labeled.

Cleaning and Care of Equipment

1. A cleaning schedule should be followed to prevent contamination of food. Suggested schedule:

   Floors should be wet mopped daily; scrubbed as needed.

   Food preparation surfaces should be washed and sanitized between preparation of different food items (as between meat and salad preparation).

   Cutting board should be hard non-toxic material, which is smooth and free of cracks, crevices, and open seams.

   After cutting any single meat, fish, or poultry item, the cutting board must be thoroughly washed and sanitized (not just rinsed or wiped) before another item is cut.

   Can openers should be washed and sanitized daily.

   Utensils should be cleaned and sanitized between use on different food items.

2. Dishwashing should be done by an approved method.

   Hand-washing - a three step operation including sanitizing rinse. (Refer to attached Dishwashing Guide)

   Mechanical - by a machine which meets local health department standards (Refer to local health department and U.S. Public Health Food Service Sanitation Manual)

3. Range tops should be washed daily and as needed to keep clean during preparation.

4. Ovens and overhead hoods should be cleaned weekly or as needed.

5. Refrigerators should be washed at least once per week with vinegar. They should be defrosted when there is about 1/4 inch thickness of frost.

6. Tables and other eating surfaces should be washed with a mild disinfectant solution before and after each meal.

7. All food contact surfaces must be air dried after cleaning and sanitizing. Do not use wiping cloths.

8. Do not use cracked or chipped dishes and utensils because they may harbor bacteria. Avoid utensils with chipped or painted handles.

9. No food contact surfaces should be made of cadmium, lead, zinc, granite enamelware, or other toxic materials.

10. Cyanide silver polishes or cleaners should not be used.

11. Garbage cans should be leakproof and have tight fitting lids.

12. Garbage cans should be lined with plastic liners and should be emptied and cleaned frequently.

    The garbage area should be kept clean at all times.

13. There should be a sufficient number of garbage cans to hold all garbage.

Insect and Rodent Control

1. Only an approved pyrithren base insecticide or flyswatter may be used in the food preparation area. Products should be used in accordance with directions and cautions appearing on their labels. The insecticides must not come in contact with raw or cooked food, utensils or equipment used in food preparation and serving, or with any other food contact surface. (Insect strips hanging from the ceiling are not acceptable.)

2. Doors and windows should have screens in proper repair and should be closed at all times. All openings to the outside should be closed or properly screened to prevent entrance of rodents or insects.

Personnel Sanitation

1. Everyone who works with or near food should be free of communicable disease. Anyone with an infected cut or burn should not handle food. If you have a cold, sore throat, stomach upset or skin eruption you should not be on duty.

2. If food handlers certificates are offered in the area, they should be obtained.

3. Clean, washable clothing should be worn.

4. Highly flammable clothing (such as nylon, tricot, other light synthetics) should not be worn while working near open flame or extreme heat.

5. Hairnets or caps to cover hair should be worn in the kitchen.

6. There should be no use of tobacco or chewing gum in the kitchen.

7. Hands should be thoroughly washed before touching food, before work, after handling non-food items, between handling of different food items, after using restroom, and after coughing, sneezing or blowing nose.

8. Wear comfortable, sturdy shoes. Sandals and open-toed shoes can be dangerous if objects are accidentally dropped on the foot.

Miscellaneous

1. No birds or animals should be allowed in food preparation or storage area.

2. The kitchen area should not be used as a traffic-way or meeting room while food is being prepared.

Dishwashing Guide

Many germs can be spread by unclean dishes, silverware, pots and pans, work tables, hands, etc. When cooking for groups of people, extra care must be taken to be sure that germs aren't spread.

To help keep our children healthy, we must be sure that:

Dishes and silverware are clean and sanitary.
Serving dishes, pots and pans are clean and sanitary.
Work areas are clean and sanitary.
We are clean.

To be sure that germs on dishes are killed, these steps must be followed when washing dishes:

1. Scrape dishes; use scraper; put garbage into can with cover.

2. Pre-rinse dishes.

3. Use approved mechanical dishwasher or wash by hand using three sinks or pans for washing and rinsing and sanitizing.

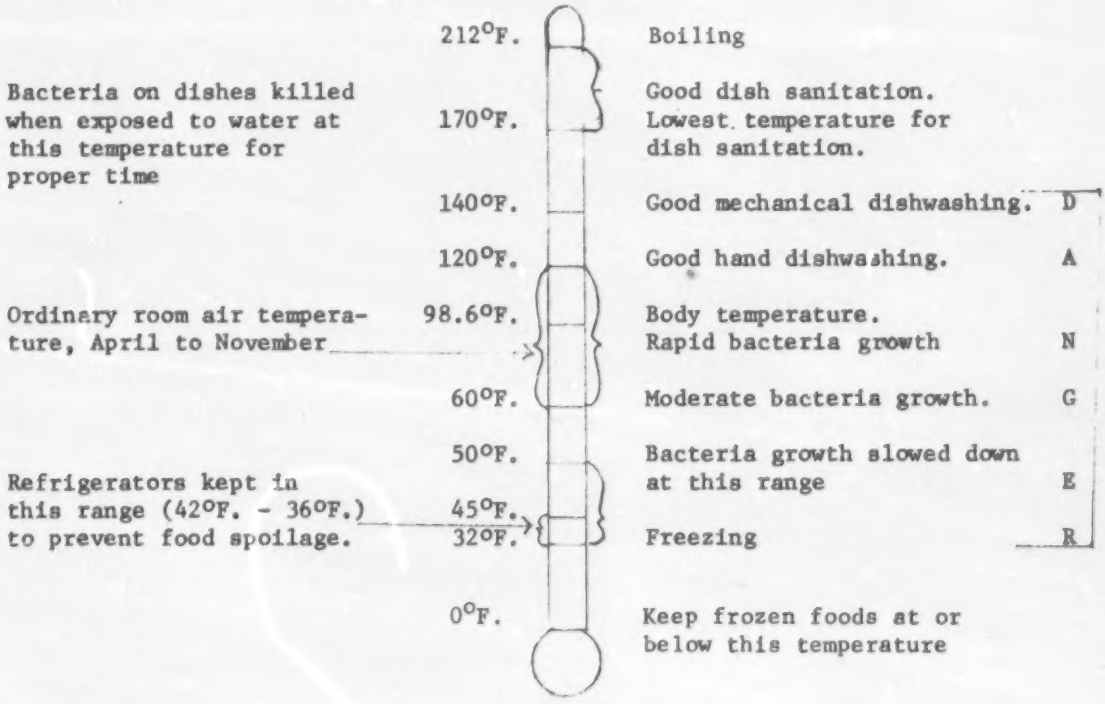
WASH	RINSE	SANITIZE	DRY
110°F 120°F.	Warm Water	Heat or Chemical	Air Dry
Soap or detergent Hot Water 110° - 120°F.	Set dishes in rack in water. Allow to stay in rinse until rack is filled; lift out. Rinse water should be changed before more dishes are rinsed.	a) Heat Immerse for at least 1 minute in clean hot water at least 170°F. temperature. b) Chemical immerse for at least 3 minutes in sanitizing solution of 1 tablespoon household bleach per 2 gallons water or other chemical sanitizer approved by the Health Department Do not rinse dishes again after sanitizing. Change solution frequently.	Do not wipe dishes

4. Store dishes and utensils in clean protected place - cups and glasses bottoms up.

5. Clean sinks and dish pans. Use washing powder - stiff brush.

6. Equipment too large to immerse should be sanitized by spraying or swabbing with a double strength sanitizing solution.

Temperature And Food Sanitation Guide



Appendix D

Nutrition Education In Head Start

Nutrition education for children and parents are important aspects of the feeding program.

Children are not born with definite food likes and dislikes. Their eating habits and food preferences are gradually formed by experiences with food. The child's early food choices are limited by the foods given him.

The feeding program, therefore, is an important vehicle for teaching the child early in life to eat and enjoy a large variety of nutritious foods at snack and mealtime.

Learning about food can be associated both with mealtime and with other daily activities.* Successful planning of simple "do-able" food experiences in keeping with the child's interest, needs and development requires the co-operative effort of teacher and food service personnel and also aims to involve parents. Specialists may be consulted as needed especially as a source of teaching aids and other resource materials. The absence of on-site food preparation facilities need not be a deterrent to providing children with food-related activities. Portable electric appliances such as an electric frying pan or the more elaborate combination oven-broiler-hot plate can be used successfully in the classroom under proper supervision and safety precautions.

Planning for food experiences can be based on some of the principles we already know about young children, for example:

they learn by doing
they like to do things for themselves
they often copy the adults around them
they are not all alike - some are slow, some are fast
they learn by reinforcement of ideas
they are interested in each other
they have a short attention span

The child learns by participation in touching, tasting, smelling, feeling, cutting, mixing, cooking, growing food, etc. Young children have a natural love for cooking. The sensory involvement starting with "mud pie" or "play dough" cookies to the more complete skills of dicing vegetables for soups or baking bread attracts children to cooking.

Introduction of a new or unfamiliar food can be the focal point for a series of learning activities.

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* Three basic nutrition concepts appropriate for pre-school children are:

1. Food is good.
2. Many kinds of foods are good.
3. Eating is fun.

Its first presentation may be through pictures, stories and art work. The next step may be a field trip, if feasible, or a movie or film strip to observe how and where the food grows or is produced. The children are then ready for a shopping outing to the store to purchase the food and to prepare it for tasting. Followup lessons can center around preparing the food in different ways. These activities are then culminated by serving the food as part of the meal or snack.

Food preparation experiences can be used for learning other concepts in addition to learning about nutrition. For example in the preparation of applesauce from picture recipes a child can learn

a. to follow a sequence of steps
b. the meaning of new words - peel, boil, cinnamon, tender etc.
c. simple ideas about numbers and measurements
   4 apples
   2 cups water
   1/2 cup sugar

Scientific concepts are observed during the cooking process - apples change in consistency, water is absorbed, water is evaporated when boiled, sugar is dissolved.

Language skills are developed as the child learns to label and classify foods and objects and organize his thoughts for telling about his food - related experiences.

Hygienic and safety practices associated with food handling can also be conveyed - washing hands before touching the food, washing the hands after using a handkerchief, how to handle a knife, etc.

Other food preparation experiences can center around special occasions when parents are invited to eat with the children such as a breakfast for parents, a family dinner during Good Nutrition Week, an outing, etc. During these activities the children may be given a voice in planning the menu.

Child also can learn about food and nutrition through role playing as mother in the playhouse corner or as a shopper or grocer in the make-believe store. Colorful food charts in these areas are helpful in this effort. Knowledge that food is related to growth and health can be communicated through the care of plants and pets, planting and tending a garden.

The feeding program routine can be a source of learning experience for sharing responsibility in setting the table, serving the food and cleaning up after meals. Use of family style service with children helping themselves can promote physical coordination and encourages socialization between children and adults. Adults sharing the same food as children and accepting food enthusiastically, set good examples for the children to follow.

For Parents:

Parents need to be involved in the Center's nutrition component and to be informed of the importance of nutrition to a child's growth and development and about the concepts, goals and activities of the child care center nutrition program. Parent education should focus on helping parents fulfill their role and responsibilities in serving adequate, tasty, nutritious food to meet the needs of the child and other members of the family as well. However, each family's needs must be assessed and a plan to meet their individual needs formulated. Consideration must be given to helping the families gain access to benefits of local financial and food assistance programs and to their food habits and preferences. The particular subjects to be covered will vary with individual groups of parents depending upon their expressed desires, needs and interests. Topics requested could include:

- menu planning and recipes
- home management
- consumer education and economics
- child rearing
- food processing - canning, freezing
- child and family food assistance programs
- special diets

E. Resources

1. FNIC Resource Center collects literature related to food service and nutrition. These materials include books, journal articles, pamphlets, government documents, special reports, proceedings, bibliographies, etc. In addition, FNIC maintains a collection of non-print media in the form of films, filmstrips, slides, games, charts, audiotapes, and video cassettes. Audiovisual and print materials may be loaned through the center. Requests are accepted by mail, telephone and from on-site visits.

Address: Food and Nutrition Information and Educational Materials Center
National Agricultural Library
Room 304
Beltsville, MD 20705
301 344-3719

Audiovisual aids of substantial interest to the school food service and nutrition education community are selected for inclusion in the Audiovisual Guide to the Catalog of the FNIC. To further aid the user in selecting materials of interest, each item selected for inclusion in the Catalog has been indexed using a specialized vocabulary specifically developed for this collection. An informative abstract, extract, or annotation is also included.

Write for Audiovisual Guide to the Catalog to:

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National Agricultural Library
Beltsville, MD 20705

2. Society for Nutrition Eudcation, 2140 Shattuck Ave., Suite 1110, Berkeley, CA 94704, computer printouts on topics provided at request.